
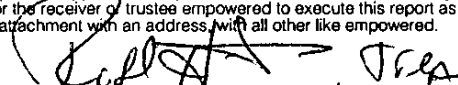


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90080 009 \*\*\*\*61.25

<b>DOCUMENT # N04000006513</b> 1. Entity Name <b>CULBREATH KEY BAYSIDE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>5000 CULBREATH KEY WAY TAMPA, FL 33611</b>			Mailing Address <b>5000 CULBREATH KEY WAY TAMPA, FL 33611</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>3001 Executive Drive</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 260</b>			
City & State		City & State <b>Clearwater FL</b>		4. FEI Number <b>20-1413793</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33762</b>		Country <b>USA</b>		03022007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>MCNEAL, RAND E CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DRIVE, SUITE 260 CLEARWATER, FL 33876</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HIGGENROTHAM, RICHARD 5000 CULBREATH KEY WAY UNIT 4-106 TAMPA, FL 33611</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PORTER, MORGAN 5000 CULBREATH KEY WAY UNIT 9324 TAMPA, FL 33611</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BEACHY, STEPHEN 5000 CULBREATH KEY WAY UNIT 1305 TAMPA, FL 33611</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD HAAS, THOMAS 5000 CULBREATH KEY WAY UNIT 1106 TAMPA, FL 33611</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PODOLSKY, JOSH 5000 CULBREATH KEY WAY UNIT 3-301 TAMPA, FL 33611</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KELLEHER BILL 5000 CULBREATH KEY WAY # 4-308 TAMPA FL 33611</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DINI 2, STELLA 5000 CULBREATH KEY WAY, UNIT 4-204 TAMPA FL 33611</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
<b>SIGNATURE:</b> 		Date <b>4/4/07</b>		Daytime Phone # <b>813 884-6989</b>	