


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90360 039 \*\*\*\*70.00

<b>DOCUMENT # N04000006653</b>	
1. Entity Name <b>CALLA TERRACE TOWNHOMES ASSOCIATION, INC.</b>	

Principal Place of Business <b>511 S. WESTLAND AVE., #16 TAMPA, FL 33606</b>	Mailing Address <b>511 S. WESTLAND AVE., #16 TAMPA, FL 33606</b>
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**60029686**



2. Principal Place of Business <b>833 3RD AVE N.</b>	3. Mailing Address <b>833 3RD AVE N.</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>SAINT PETERSBURG, FL</b>	City & State <b>SAINT PETERSBURG, FL</b>
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Zip <b>33701</b>	Country	Zip <b>33701</b>	Country
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02212006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>20-2173744</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>VERSAGGI, RUSSELL S 511 S. WESTLAND AVE., #16 TAMPA, FL 33606</b>	7. Name and Address of New Registered Agent Name <b>Bennett, Jackson</b> Street Address (P.O. Box Number is Not Acceptable) <b>833 3RD AVE N.</b> City <b>SAINT PETERSBURG, FL</b> Zip Code <b>33701</b>
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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 <b>Jackson Bennett</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <b>4/1/06</b>

<b>Filing Fee is \$61.25 Due by May 1, 2006</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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VERSAGGI, RUSSELL 511 S WESTLAND AVE., #16 TAMPA, FL 33606</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ABBOTT, PHILLIP 833 3RD Ave N. Saint Petersburg, FL 33701</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VERSAGGI, MARK 511 S WESTLAND AVE., #16 TAMPA, FL 33606</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S VANN, KAREN 833 3RD Ave N. Saint Petersburg, FL 33701</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D POWELL, RICHARD 511 S WESTLAND AVE., #16 TAMPA, FL 33606</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BENNETT, JACKSON 833 3RD Ave N. Saint Petersburg, FL 33701</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.
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<b>SIGNATURE:</b> <b>Jackson Bennett</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <b>4/1/06</b>	DAYTIME PHONE # <b>727-403-5403</b>
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