2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2006 8:00 am Secretary of State 01-20-2006 90025 037 ****61.25

1. Entity Nam	е	# N0400008 ws homeowner		OCIATION, IN	۱C.			01-20-2006 9	90025 037	7 *****61	.23	
Principal Place of Business 11300 N. CENTRAL AVE TAMPA, FL 33612 Mailing Address 11300 N. CENTRAL AVE TAMPA, FL 33612					_			M BTILL CRITI (TI)	ń (818) (28 6 1 18)	rrimo m. 1 7 m m.		
2. Principal Place of Business 3			3. Mail	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01162006	Chg-NP	CR2E037	7 (11/05)				
City & State		City & State				4. FEI Number 20-3469	867		_ 	oplied For ot Applicable		
Zip		Country	Ziç	Zip Co		ntry	5. Certificate of	f Status Desired	_ \$	8.75 Add ee Require	litional d	
	6. Name	and Address of Current	Registere	d Agent		Name	7. Name and A	ddress of New R	Registered A	gent		
HANSEN, STEVEN A 11300 N. CENTRAL AVE							s (P.O. Box Number	(P.O. Box Number is Not Acceptable)				
TAMPA, FI	L 33612									-	-	
						City			FL	Žip Code	e	
		ty submits this statement fo tered agent.	r the purp	ose of changing its	registere	ed office or regis	stered agent, or both	, in the State of Fk	orida. I am fa	miliar with,	and accept	
SIGNATURE .	Signature, typed	d or printed name of registered agent	and title if and	Nicable (NOT	F: Registere	d Agent signature requ	irad when reinstation)		DATE			
		o de princo namo on rogisto do agon.		,,,,,,,	C. Hogistero		and when remaining		O			
	_	ee is \$61.25 May 1, 2006		9. Election Can Trust Fund C	npaign F	inancing _	\$5.00 May Be Added to Fees		lake check rida Departi			
10.	Due by I	e is \$61.25		9. Election Car Trust Fund C	npaign F	inancing _	\$5.00 May Be	Flor	lake check rida Departi RS AND DIR	ment of St	tate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by I D HANSEN 11300 N	ee is \$61.25 May 1, 2006		9. Election Car Trust Fund C	mpaign F Contributi 11. TITLE NAM STRE	inancing on.	\$5.00 May Be Added to Fees	Flor	lake check rida Departi RS AND DIR	ment of St	tate	
TITLE NAME STREET ADDRESS	Due by I HANSEN 11300 N TAMPA, I D MCGRAT 1607 S A	OFFICERS AND DIE OFFICERS AND DIE , STEVEN A CENTRAL AVE	RECTORS	9. Election Car Trust Fund C	npaign F Contributi 11. TITLE NAM STRE CITY TITLE NAM STRE	inancing on. ET ADDRESS	\$5.00 May Be Added to Fees	Flor	flake check rida Departi RS AND DIR	ment of St	tate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by II D HANSEN 11300 N TAMPA, II D MCGRAT 1607 S A PLANT C D BELISLE 2501 N C	OFFICERS AND DIF OFFICERS AND DIF , STEVEN A CENTRAL AVE FL 33612 TH, LOUIS R LEXANDER ST SUITE	RECTORS	9. Election Car Trust Fund C	TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY	inancing on. ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	\$5.00 May Be Added to Fees	Flor	fake check rida Departi RS AND DIR	ment of St	tate 1 10 ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by II D HANSEN 11300 N TAMPA, II D MCGRAT 1607 S A PLANT C D BELISLE 2501 N C	OFFICERS AND DIE OFFICE	RECTORS	9. Election Car Trust Fund C	TITLE NAM STRE CITY TITLE NAM STRE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	\$5.00 May Be Added to Fees	Flor	fake check rida Departi RS AND DIR	THENT OF ST	1 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by II D HANSEN 11300 N TAMPA, II D MCGRAT 1607 S A PLANT C D BELISLE 2501 N C	OFFICERS AND DIE OFFICE	RECTORS	9. Election Car Trust Fund C	TITLE NAME STREE CITY TITLE NAME STREE STREE	ET ADDRESS -ST-ZIP	\$5.00 May Be Added to Fees	Flor	fake check rida Departi RS AND DIR	THENT OF ST	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUB BY INTERPOLATION OF TAMPA,	OFFICERS AND DIE OFFICE	102	9. Election Car Trust Fund C	TITLE NAME STREE CITY TITLE NAME STREE TITLE NAME STREE TITLE NAME STREE TITLE NAME STREE TITLE NAME STREET NAME S	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHAI	Flor	fake check rida Departi	Trent of St ECTORS IN Change Change Change Change Change	Addition Addition Addition Addition	

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 employered 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.

STEVEN

A 4405EN

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Date

Date

Description

SIGNATURE: __