


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 29, 2006 8:00 am**  
**Secretary of State**

08-29-2006 90001 039 \*\*\*\*61.25

<b>DOCUMENT # N04000009175</b>	
1. Entity Name <b>CUESTA DEL SOL CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>9547 W GULF BLVD TREASURE ISLAND, FL 33706</b>	Mailing Address <b>5901 SUN BLVD, #104 SAINT PETERSBURG, FL 33715</b>
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2. Principal Place of Business <b>6860 Gulfport Blvd S</b>	3. Mailing Address <b>6860 Gulfport Blvd S</b>
Suite, Apt. #, etc. <b>Suite 503</b>	Suite, Apt. #, etc. <b>Suite #503</b>
City & State <b>St. Petersburg, FL</b>	City & State <b>St. Petersburg, FL</b>
Zip <b>33707-2108</b>	Zip <b>33707-2108</b>
Country <b>Pine/As</b>	Country <b>Pine/As</b>



08232006 Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-1665436</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>SHAH, PUNIT 5901 SUN BLVD, #104 SAINT PETERSBURG, FL 33715</b>	7. Name and Address of New Registered Agent Name <b>Stephen Pooler</b> Street Address (P.O. Box Number is Not Acceptable) <b>6860 Gulfport Blvd S #503</b> City <b>St. Petersburg</b> FL Zip Code <b>33707-2108</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 *Stephen Pooler* **Stephen Pooler, director D 8/23/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

<b>Filing Fee is \$81.25 Due by September 6, 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	D SHAH, RAXIT 5901 SUN BLVD, #104 SAINT PETERSBURG, FL 33715 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President and Director D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kendall Moeller 6860 Gulfport Blvd S #503 St. Petersburg, FL 33707-2108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAH, KETKI 5901 SUN BLVD, #104 SAINT PETERSBURG, FL 33715 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer and Director D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ann Gossman 6860 Gulfport Blvd S #503 St. Petersburg, FL 33707-2108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAH, PUNIT 5901 SUN BLVD, #104 SAINT PETERSBURG, FL 33715 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Stephen Pooler 6860 Gulfport Blvd S #503 St. Petersburg, FL 33707-2108
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.

SIGNATURE: *Stephen Pooler* **Stephen Pooler** **8/23/06** **727-374-5167**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #