

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009689

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: ST. PETE SMARTOWN, INC.

## Current Principal Place of Business:

100 SECOND AVENUE NORTH  
SUITE 300  
ST. PETERSBURG, FL 33701

## New Principal Place of Business:

## Current Mailing Address:

100 SECOND AVENUE NORTH  
SUITE 300  
ST. PETERSBURG, FL 33701

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KAPUSTA, ROBERT  
100 SECOND AVENUE SOUTH  
SUITE 701  
ST. PETERSBURG, FL 33701 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SHEA, DON  
Address: 100 SECOND AVENUE NORTH, SUITE 300  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: VD ( ) Delete  
Name: PARKER, J. KENNETH  
Address: 5140 31ST AVENUE SOUTH  
City-St-Zip: GULFPORT, FL 33707

Title: SD ( ) Delete  
Name: KAPUSTA, ROBERT J  
Address: 100 1ST AVENUE SOUTH, SUITE 701  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: TD ( ) Delete  
Name: PUNDARI, MOHAN  
Address: 1900 ARROWHEAD DRIVE NE  
City-St-Zip: ST. PETERSBURG, FL 33703

Title: D ( ) Delete  
Name: KARISNY, LAWRENCE D  
Address: 532 CRYSTAL DRIVE  
City-St-Zip: MADEIRA BEACH, FL 33708

Title: D ( ) Delete  
Name: HALL, JUDSON  
Address: 4902 31ST AVENUE SOUTH, UNIT 103  
City-St-Zip: GULFPORT, FL 33707

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD A. SHEA

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date