

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-24-2006 90035 045 \*\*\*\*61.25

<b>DOCUMENT # N04000009885</b> 1. Entity Name <b>TYRONE GARDENS II CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>4360 CENTRAL AVE SAINT PETERSBURG, FL 33711</b>			Mailing Address <b>4360 CENTRAL AVE SAINT PETERSBURG, FL 33711</b>		
2. Principal Place of Business <b>6251 Park Blvd #8</b> Suite, Apt. #, etc.		3. Mailing Address <b>6251 Park Blvd #8</b> Suite, Apt. #, etc.			
City & State <b>Pineellas Park FL</b>		City & State <b>Pineellas Park, FL</b>		4. FEI Number <b>59-2377474</b>	
Zip <b>FL</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ELITE ASSOCIATION MANAGEMENT INC 4360 CENTRAL AVE SAINT PETERSBURG, FL 33711</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 <u><i>Demetrius Ray</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <u>3-21-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NLYERS, NANCY 5725 12TH AVE N, # 103D ST PETERSBURG, FL 33710	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	J.D. Myers, Nancy Correction
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YARNS, EVELIN 1220 - 57TH AVE N - # 301D ST PETERSBURG, FL 33710	<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	VD PINCH, RUTH 5720 - 13TH AVE N - # 206B ST PETERSBURG, FL 33710	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD House Terry 5720 15th Ave N, #201-B St. Petersburg, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANDERSON, ELINOR 5720 - 13TH AVE N - # 207B ST PETERSBURG, FL 33710	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Yarns Douglas 1220 57th Ave N. # 301-D St. Petersburg, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<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: <u><i>Demetrius Ray</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>3/21/06</u> Daytime Phone # <u>727-547-9698</u>	

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