

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N04000010656  
 1. Entity Name  
 15TH STREET TOWNHOMES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 737 17TH AVE N ST PETERSBURG, FL 33704	Mailing Address 737 17TH AVE N ST PETERSBURG, FL 33704
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**DO NOT WRITE IN THIS SPACE**



04122006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-1808644	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 BRIDGES, DALE W  
 737 17TH AVE N  
 ST PETERSBURG, FL 33704

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

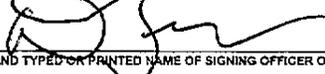
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRIDGES, DALE W 737 17TH AVE N ST PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STOLOFF, KEITH K 737 17TH AVE N ST PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KILE, DAVID B 737 17TH AVE N ST PETERSBURG, FL 33704
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/19/06-80031-018 61.25

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:  \_\_\_\_\_ Date 5/1/06 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR