

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90078 037 ****70.00

DOCUMENT # N05000000221

1. Entity Name
**GAZEBO SQUARE COMMERCIAL CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**P.O. BOX 83
TERRA CEIA, FL 34250**

Mailing Address
**P.O. BOX 83
TERRA CEIA, FL 34250**

40046914



2. Principal Place of Business
4420-4444 5th ST W
Suite, Apt. #, etc.

3. Mailing Address
PO Box 10731
Suite, Apt. #, etc.

04102006 Chg-NP CR2E037 (11/05)

City & State
Bradenton FL
Zip **34207** Country **USA**

City & State
Bradenton FL
Zip **34282-0731** Country **USA**

4. FEI Number
20-2173775
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**HARRISON, JAMES A ESQ.
1205 MANATEE AVE. WEST
BRADENTON, FL 34205**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIPP, ROBERT J P.O. BOX 83 TERRA CEIA, FL 34250 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, JEFFERY A P.O. BOX 83 TERRA CEIA, FL 34250 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, JAMES A 1205 MANATEE AVE. WEST BRADENTON, FL 34205 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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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: Robert J. Zipp **Robert J. Zipp** 10 April 2006 941-724-0066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #