

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 05, 2006 8:00 am
Secretary of State

04-27-2006 90199 045 ****61.25

DOCUMENT # N05000000698 1. Entity Name NEWBURN VILLAGE COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 569 INTERSTATE BLVD. SARASOTA, FL 34240				Mailing Address 569 INTERSTATE BLVD. SARASOTA, FL 34240	
2. Principal Place of Business 101 Arthur Andersen Blvd		3. Mailing Address 101 SunVest Mgmt		66017874 	
Suite, Apt. #, etc. Suite 150		Suite, Apt. #, etc. 381 Interstate Blvd.		03202006 Chg-NP CR2E037 (11/05)	
City & State Sarasota FL		City & State Sarasota FL		4. FEI Number 20-3344247	
Zip 34232		Zip 34240		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country USA		Country USA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SCHLOSSER, RICHARD A. 500 E KENNEDY BLVD., STE. 200 TAMPA, FL 33602				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
[Empty Officer Entry]				P.D. Mike Shamon 101 Arthur Andersen Blvd # 150 Sarasota, FL 34232	
[Empty Officer Entry]				V.P.D. Mike Wideman 101 Arthur Andersen Blvd # 150 Sarasota, FL 34232	
[Empty Officer Entry]				[Empty Officer Entry]	
[Empty Officer Entry]				[Empty Officer Entry]	
[Empty Officer Entry]				[Empty Officer Entry]	
[Empty Officer Entry]				[Empty Officer Entry]	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					