

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90118 036 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000002118			
1. Entity Name PARKCREST HARBOUR ISLAND CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 700 S HARBOUR ISLAND BLVD TAMPA, FL 33602		Mailing Address 700 S HARBOUR ISLAND BLVD TAMPA, FL 33602	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TAYLOR, CINDY K 201 E KENNEDY BLVD SUITE 950 TAMPA, FL 33602		Name <i>Condominium Associates</i> Street Address (P.O. Box Number is Not Acceptable) <i>3001 Executive Ct. D1 Suite 260</i> City <i>Clearwater</i> FL Zip Code <i>33762</i>	
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 the registered agent.			
SIGNATURE <i>RAND E McNEAL</i>		DATE <i>3/10/06</i>	
Filing Fee is \$61.25 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	PD TAYLOR, CINDY K 700 S HARBOUR ISLAND BLVD TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Kaleel, David <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 700 S HARBOUR ISLAND BLVD #325 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WHITE, MICHAEL B 700 S HARBOUR ISLAND BLVD TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Shirley Goigee - Wood <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 700 S HARBOUR ISLAND BLVD #344 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SILCOX, FRANK 700 S HARBOUR ISLAND BLVD TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD Steve Burke <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 700 S HARBOUR ISLAND BLVD #416 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MAY FALLERSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 700 S HARBOUR ISLAND BLVD #809 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED Ed Hester <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 700 S HARBOUR ISLAND BLVD #202 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: <i>[Signature]</i>		Date <i>813-828-6954</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

50014589



01062006 Chg-NP CR2E037 (11/05)

4. FEI Number *20-2444325* Applied For Not Applicable

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



ATTACHMENT
50014589

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2006

PARKCREST HARBOUR ISLAND CONDOMINIUM ASSOCIATION, INC.
700 S HARBOUR ISLAND BLVD
TAMPA, FL 33602

Subject: **PARKCREST HARBOUR ISLAND CONDOMINIUM ASSOCIATION, INC.**

Reference Number: **N05000002118**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

*Received 4/12
But had already cut new check*

/rm
ANNUAL REPORTS SECTION

ad of 4/3 check HAS NOT CLEARED

4/4 called 5/w Gary - check has been sent back to this CA clwr. address.

as of 4/11 still have not received cr

*4/6/06 - 5/w Nan - let's go ahead + just recut same cr# - send to Parkcrest for 2nd sign and return to Ann Blue to mail * w/ form.*

P.O. BOX 6327 - Tallahassee, Florida 32314

ATTACHMENT

50014589
 #N05000002118

Payee FLDS <input type="checkbox"/> FLORIDA DEPART. OF DIVISION OF		Invoice Num. 20-2444325 0306	Total Amount 61.25	Ctrl 648*	
Hold Payment <input type="checkbox"/> Consolidate Checks <input checked="" type="checkbox"/>		Iny. Date 03/07/06	Post Month 03/06	Due Date / /	
Notes DOC# N0500002118 2006 ANNUAL 4/11/06 recut same ck#, ck was returned but we never received? per Nan recut <i>4/12</i>		Doc. Drawer	Priority	Type: <input checked="" type="radio"/> Invoice <input type="radio"/> Credit Memo <input type="radio"/> Adjustment	
Prop	Address	Amount	Account	Name	Paid - Ck#/Bank
614	PARKCREST HARBOR	61.25	5145	5145 Licenses	03/07/06 03/06 #1452 / 614
Cash Account 1107 <input type="checkbox"/> 1107 Operating		A/P Account 2010 <input type="checkbox"/> 2010 Accounts Payable			
Discount <input type="checkbox"/>		Payment status / method <input type="checkbox"/>			