


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90089 014 \*\*\*\*61.25

<b>DOCUMENT # N05000003431</b> 1. Entity Name <b>SUWANNEE BELLE PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 10121 SNUG HARBOR RD ST PETERSBURG FL 33710			Mailing Address 10121 SNUG HARBOR RD ST PETERSBURG FL 33710		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>26-0111641</b>	
Zip Country <b>U.S.A.</b>		Zip Country <b>U.S.A.</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>DB CORPORATE SERVICES INC</b> <b>5999 CENTRAL AVE SUITE 202</b> <b>ST PETERSBURG FL 33710</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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>ERIC Rikansrud</u> <span style="float: right;">02-08-06</span> <small>Signature, typed or printed name of registered agent and title if applicable</small> <span style="float: right;"><small>DATE</small></span>					
<b>FILE NOW: FEE IS \$61.25</b> <b>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</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	President/Treasurer ERIC Rikansrud	
CITY-ST-ZIP			CITY-ST-ZIP	10121 Snug Harbor RD St. Pete, FL, 33702	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	Vice President Robert Hall	
CITY-ST-ZIP			CITY-ST-ZIP	1235 Thomas Palmer Court Lawrenceville GA 30043	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	Secretary INA Lamar	
CITY-ST-ZIP			CITY-ST-ZIP	PO Box 208 Cristal Springs MS. 39059	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	Director David Brown	
CITY-ST-ZIP			CITY-ST-ZIP	816 West Jackson ave. Spring City TN. 37381	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	Director Cristine Dodd	
CITY-ST-ZIP			CITY-ST-ZIP	625 NW 38th Court Pompano Beach FL. 33064	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>ERIC Rikansrud</u>			P/T 02-08-06 725422-5633		