

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90409 045 ****61.25

DOCUMENT # N05000004462					
1. Entity Name LAS CASITAS ON ARRAWANA TOWNHOMES PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 2506 S. MACDILL AVE., SUITE A TAMPA, FL 33629			Mailing Address 2506 S. MACDILL AVE., SUITE A TAMPA, FL 33629		
2. Principal Place of Business 13907 CARROLLWOOD VILLAGE RUN			3. Mailing Address 13014 N DADE MARY HWY		
Suite, Apt. #, etc.			Suite, Apt. #, etc. SUITE 356		
City & State TAMPA FL			City & State TAMPA FL		
Zip 33618			Zip 33618		
Country			Country		
4. FEI Number 20-4594415			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MAYTS, JR., ANDREW J 201 N ARMENIA AVE TAMPA, FL 33609			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;"> FL Zip Code </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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small>					
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					
TITLE DP	<input type="checkbox"/> Delete				
NAME RAPPAPORT, JASON					
STREET ADDRESS 2506 S. MACDILL AVE., SUITE A					
CITY - ST - ZIP TAMPA, FL 33629					
TITLE DV	<input type="checkbox"/> Delete				
NAME FAIRBANKS, GARY A					
STREET ADDRESS 13907 CARROLLWOOD VILLAGE RUN					
CITY - ST - ZIP TAMPA, FL 33618					
TITLE DST	<input type="checkbox"/> Delete				
NAME SEFAIR, DANIEL					
STREET ADDRESS 13907 CARROLLWOOD VILLAGE RUN					
CITY - ST - ZIP TAMPA, FL 33618					
TITLE _____	<input type="checkbox"/> Delete				
NAME _____					
STREET ADDRESS _____					
CITY - ST - ZIP _____					
TITLE _____	<input type="checkbox"/> Delete				
NAME _____					
STREET ADDRESS _____					
CITY - ST - ZIP _____					
TITLE _____	<input type="checkbox"/> Delete				
NAME _____					
STREET ADDRESS _____					
CITY - ST - ZIP _____					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME _____					
STREET ADDRESS _____					
CITY - ST - ZIP _____					
TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME _____					
STREET ADDRESS _____					
CITY - ST - ZIP _____					
TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME _____					
STREET ADDRESS _____					
CITY - ST - ZIP _____					
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>GARY FAIRBANKS</i> 3-30-06 813-269-0899					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					