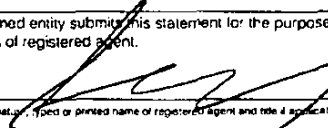
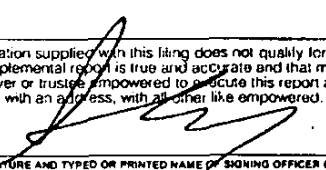


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2006 8:00 am
Secretary of State

07-19-2006 90009 012 ****61.25

DOCUMENT # N05000004604 1. Entity Name 1611 SIXTH AVENUE OWNERS' ASSOCIATION, INC.					
Principal Place of Business 6913 HARNEY RD TAMPA, FL 33617			Mailing Address 6913 HARNEY RD TAMPA, FL 33617		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number N/A	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARNEY, DENNIS 6913 HARNEY RD TAMPA, FL 33617				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 					
(NOTE: Registered Agent signature required when registering)					
Filing Fee is \$61.25 Due by September 6, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP CARNEY, DENNIS 6913 HARNEY RD TAMPA, FL 33617	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DV CARNEY, SEAN 6913 HARNEY RD TAMPA, FL 33617	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DS MARTUCCI, DANIEL 6913 HARNEY RD TAMPA, FL 33617	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V CARNEY, DANIEL 6913 HARNEY RD TAMPA, FL 33617	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

66022648

