

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 02, 2006 8:00 am  
Secretary of State**

05-02-2006 90171 019 \*\*\*\*61.25

DOCUMENT # N05000007928		
1. Entity Name ANNA MARIA BEACH COTTAGES CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business  
112C OAK AVENUE  
ANNA MARIA, FL 34206

Mailing Address  
P.O. BOX 817  
ANNA MARIA, FL 34216

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

04252006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**20-3276877**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, NIGEL H  
635 KEY ROYALE DRIVE  
HOLMES BEACH, FL 34217

Name **PROFESSIONAL TAX CONSULTANTS INC**

Street Address (P.O. Box Number is Not Acceptable)

**2225 E EDGEWOOD DR STE 14**

City **LAKELAND** FL Zip Code **33803**

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

*Charlotte O'Dell*

**CHARLOTTE O. DAVIS, EA**

**4/26/06**

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25  
Due by May 1, 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 DP  Delete  
NAME BROWN, NIGEL H  
STREET ADDRESS 112C OAK AVENUE  
CITY-ST-ZIP ANNA MARIA, FL 34206

TITLE PRES  Change  Addition  
NAME BRENNEMAN, TIM  
STREET ADDRESS 125 SHADOW CREEK CHASE  
CITY-ST-ZIP ALPHARETTA, GA 30022

TITLE DVT  Delete  
NAME BROWN, MARGARET  
STREET ADDRESS 112C OAK AVENUE  
CITY-ST-ZIP ANNA MARIA, FL 34206

TITLE SEC  Change  Addition  
NAME HARRY REBECCA  
STREET ADDRESS 328 VAIL DR  
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE DS  Delete  
NAME BROWN, TIMOTHY  
STREET ADDRESS 112C OAK AVENUE  
CITY-ST-ZIP ANNA MARIA, FL 34206

TITLE TREAS.  Change  Addition  
NAME BURDA, DIANE  
STREET ADDRESS 2945 OXFORD AVE  
CITY-ST-ZIP LAKELAND, FL 33803

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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: *Diane M. Kuska*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2806 863-688-6273  
Date  
Daytime Phone #