

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/11/2007-90029-039-\$61.25-\$61.25

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000008667 1. Entity Name FRIENDS OF KILEY GARDENS, INC.					
Principal Place of Business 121 WEST WHITING STREET TAMPA, FL 33602			Mailing Address 121 WEST WHITING STREET TAMPA, FL 33602		
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 26-0657063	
5. Certificate of Status Desired ☐				☒ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent RIEF, III, FRANK J SUITE 340 442 WEST KENNEDY BLVD. TAMPA, FL 33606				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)	
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 - ST - ZIP	D HOWEY, JOHN FAIA 121 WEST WHITING STREET TAMPA, FL 33602	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRUNKE, ROGER AIA 1906 MORRISON AVENUE TAMPA, FL 33608	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRUNKE, ROGER AIA 1906 MORRISON AVENUE TAMPA, FL 33608	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRUNKE, ROGER AIA 1906 MORRISON AVENUE TAMPA, FL 33608	☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRUNKE, ROGER AIA 1906 MORRISON AVENUE TAMPA, FL 33608	☐ 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: <u>John Howey</u> <u>JOHN HOWEY, FAIA</u> (813) 223-5396 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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