

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90027 010 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                      |                     |                                                                                                                  |                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N05000008769</b><br>1. Entity Name<br><b>LAZY PALMS CONDOMINIUM OWNERS ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                      |                     |                                                                                                                  |                                                                                                 |  |
| Principal Place of Business<br><b>17090 1ST STREET EAST<br/>N. REDINGTON BEACH, FL 33708</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                      |                     | Mailing Address<br><b>900 DREW ST., STE. 1, C/O STAACK, SIMMS &amp; HERNANDEZ, P.A.<br/>CLEARWATER, FL 33755</b> |                                                                                                 |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                      | 3. Mailing Address  |                                                                                                                  |                                                                                                 |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                      | Suite, Apt. #, etc. |                                                                                                                  |                                                                                                 |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                      | City & State        |                                                                                                                  | 4. FEI Number<br><b>20-5365644</b>                                                              |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                      | Country             |                                                                                                                  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><b>STAACK, JAMES A. ESQ.<br/>900 DREW STREET, STE. 1<br/>CLEARWATER, FL 33755</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                      |                     |                                                                                                                  | 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 _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                      |                     |                                                                                                                  |                                                                                                 |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                      |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                            |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Director <input type="checkbox"/> Delete<br><b>Gregory Tosto</b><br><b>17090 1st Street E</b><br><b>N. Redington Beach, FL 33708</b> |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                      |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                      |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                      |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                      |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                      |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> 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: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                      |                     | May 1, 2006<br>Date Daytime Phone #                                                                              |                                                                                                 |  |