

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90003 002 ****61.25

DOCUMENT # N05000011243 1. Entity Name HOTEL DETROIT CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 220 1ST AVENUE N. ST. PETERSBURG, FL 33701		Mailing Address 8640 SEMINOLE BLVD. SEMINOLE, FL 33772	
2. Principal Place of Business 146 - 2ND STREET No Suite, Apt. #, etc. # 202 City & State ST. PETERSBURG, FL Zip 33701 Country PINELLAS		3. Mailing Address 146 - 2ND STREET No Suite, Apt. #, etc. # 202 City & State ST. PETERSBURG, FL Zip 33701 Country PINELLAS	
4. FEI Number 26-6729031		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02022006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent HOFSTRA, PETER T 8640 SEMINOLE BLVD. SEMINOLE, FL 33772		7. Name and Address of New Registered Agent Name ASSOCIATION MANAGEMENT GROUP Street Address (P.O. Box Number is Not Acceptable) 146 - 2ND STREET No # 202 City ST. PETERSBURG FL Zip Code 33701	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 2/7/06 <small>(NOTE: Registered Agent signature required when reappointing)</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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BODZIAK, JOHN C 220 1ST AVENUE N. ST. PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD AMICO, ANTHONY N 220 1ST AVENUE N. ST. PETERSBURG, FL 33701	<input type="checkbox"/> Delete	PD JAMES DUNNE 215 CENTRAL AVE #4E ST. PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD JOHNSON, MARK SR. 220 1ST AVENUE N. ST. PETERSBURG, FL 33701	<input type="checkbox"/> Delete	D ANTHONY N. AMICO 14001 63RD Way No CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MARK JOHNSON 618 BELLE ISLE AVE BELLEAIR BEACH, FL 33756	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TD JOHN QUIGLEY 215 CENTRAL AVE #4G ST. PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MONTIETH STEWART 215-4D CENTRAL AVE ST. PETERSBURG, FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE 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/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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 2/7/06 <small>Date</small>	