


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N05806
 1. Entity Name
 406 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 406 N. INDIANA AVE. STE. 1 ENGLEWOOD, FL 34223	Mailing Address 406 N. INDIANA AVE. STE. 1 ENGLEWOOD, FL 34223
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DO NOT WRITE IN THIS SPACE



07062006 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0869918	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DICKERSON, ROBERT A ESQ.
 460 S INDIANA AVE
 ENGLEWOOD, FL 34223

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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 reinstating) DATE _____

Filing Fee is \$61.25
Due by September 8, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT GAUNT, J. CAMPBELL 406 N. INDIANA AVE., STE. 1 ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT KNAPP, JAMES 406 N. INDIANA AVE., STE. 1 ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GAUNT, PATRICIA A 406 N. INDIANA AVE., STE. 1 ENGLEWOOD, FL 34223
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 08/23/06-80002-013 61.25

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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:  **8/21/06** **941-474-2020**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

J. Campbell GAUNT