


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90071 020 ****70.00

DOCUMENT # N05825 1. Entity Name TALIA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 39132 CR 54 E #2014 ZEPHYRHILLS, FL 33542 US				Mailing Address 39132 CR 54 E #2014 ZEPHYRHILLS, FL 33542 US	
2. Principal Place of Business 39132 C.R. 54 E Suite, Apt. #, etc. #2014		3. Mailing Address 39132 C. R 54 E Suite, Apt. #, etc. #2014			
City & State ZEPHYRHILLS, FL		City & State Zephyrhills, FL		4. FEI Number 59-2777150	
Zip 33542		Country PASCO		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEITCKE, THOMAS 6030 RIDGEWAY DR ZEPHYRHILLS, FL 33541				7. Name and Address of New Registered Agent Name Leitzke, Thomas W. Street Address (P.O. Box Number is Not Acceptable) 6030 Ridgeway Dr City Zephyrhills FL Zip Code 33541	
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. (NOTE: Registered Agent signature required when reinstating.) DATE</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 KNEPP, DALPH 39132 CR 54 EAST 2040 ZEPHYRHILLS, FL 33542	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEITZKE, THOMAS W 6030 Ridgeway Dr. ZEPHYRHILLS, FL 33542	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEITZKE, THOMAS 6030 RIDGEWAY DR ZEPHYRHILLS, FL 33541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Mulkey, Charles 39132 C.R. 54 E Zephyrhills, FL 33542	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEWIS, ETHEL 39132 CR 54 E # 2140 ZEPHYRHILLS, FL 33540	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Loudon, Laverne 39132 C.R. 54 E # 2256 Zephyrhills, FL 33542	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLARK, JANICE L 39132 CR 54 E # 2072 ZEPHYRHILLS, FL 33540	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNN, Brian 39132 C.R. 54 E # 2172 ZEPHYRHILLS, FL 33542	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV JOHNSON, TINA 39132 CR 54 E #2156 ZEPHYRHILLS, FL 33542	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REEZ Bertha 5138 Hill Dr. Zephyrhills FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUDEN, LAVERNE 39132 CR 54 E #225 ZEPHYRHILLS, FL 33542	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wetmore, Scott 5018 N. CLARK AVE TAMPA, FL 33614-6532	<input type="checkbox"/> Change <input checked="" 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1/30/06 Daytime Phone # 93-780-1801		