2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State
01-19-2006 90078 048 ****61.25

DOCUMENT # N10875

1. Entity Name
BROMPTON PLACE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8416 N. JONES AVE. UNIT 2 TAMPA, FL 33604	PO BOX 7692 TAMPA, FL 33673 US

DO NOT WRITE IN THIS SPACE

01082006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3032469
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAUER III, EDDY G
4218 RIVERSIDE DR
TAMPA, FL 33603

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	PAVAN, NICOLA
STREET ADDRESS	2301 W IDLEWILD AVE
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	PD
NAME	PAWLOSKI, VIRGINIA A
STREET ADDRESS	8416-2 N. JONES
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	D
NAME	MORGAN, DEAL
STREET ADDRESS	8418-4 N JONES AVE
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	TD
NAME	KING, MANIKA
STREET ADDRESS	8414-1 N JONES AVE
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	D
NAME	MCKNIGHT, BARBARA
STREET ADDRESS	8416-3 N JONES BLVD
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Virginia A Pawloski President JANUARY 10, 2006 813-239-9453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

VIRGINIA A. PAWLOSKI