


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N12015
 1. Entity Name
POWELL SQUARE OWNERS' ASSOCIATION, INC.



Principal Place of Business 1121 STERLING RD. P.O. BOX 328 INVERNESS, FL 34451	Mailing Address 1121 STERLING RD. P.O. BOX 328 INVERNESS, FL 34451
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02212006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3099096	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CARLSON, BRIAN A.
 1121 STERLING ROAD
 INVERNESS, FL 34450

DO NOT WRITE IN THIS SPACE

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 May 1, 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	D CARLSON, BRIAN A 1121 STERLING ROAD INVERNESS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LATTIN, EDWIN 1123 STERLING ROAD INVERNESS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODMAN, BOBBY J 1127 STERLING ROAD INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZELTZER, GARSON 1129 STERLING ROAD INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/06/06-80094-011 61.25

DO NOT WRITE IN THIS SPACE

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: *Brian A. Carlson* **Brian A. Carlson** **4-19-06** **(352) 637-0437**

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