

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90097 049 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                                                                                                                                                                                         |                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <b>DOCUMENT # N18925</b><br>1. Entity Name<br><b>COUNCIL OF NEIGHBORHOOD ASSOCIATIONS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                                                                                                                                                                                         |                                                                                              |
| Principal Place of Business<br><b>1209 ASHBOURNE CIRCLE</b><br><b>NEW PORT RICHEY FL 34655</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          | Mailing Address<br><b>POST OFFICE BOX 6002</b><br><b>HUDSON, FL 34674-6002 US</b>                                                                                                                       |                                                                                              |
| 2. Principal Place of Business<br><b>Dominick Scannavino, President</b><br><b>1050A East Lake Woodlands Pwy</b><br><b>Oldsmar FL 34677</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          | 3. Mailing Address<br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip<br>Country                                                                                                                     |                                                                                              |
| 4. FEI Number<br><b>NOT APPLICABLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          | Applied For<br>Not Applicable                                                                                                                                                                           |                                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                   |                                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>MEL PHILLIPS</b><br><b>1209 ASHBOURNE CIRCLE</b><br><b>NEW PORT RICHEY FL 34655</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          | 7. Name and Address of New Registered Agent<br>Name<br>Street<br><b>Dominick Scannavino, President</b><br><b>1050A East Lake Woodlands Pwy</b><br><b>Oldsmar FL 34677</b><br>City<br><b>FL</b> Zip Code |                                                                                              |
| 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.<br>SIGNATURE <u><i>Dominick Scannavino</i></u> DATE <u>3-9-06</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>                                                                                                                                                                                  |                                                                          |                                                                                                                                                                                                         |                                                                                              |
| Filing Fee is \$61.25<br>Due by May 1, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                         |                                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                   |                                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TO<br>SMITH, REYNOLDS<br>12705 WOODCHUCK WAY<br>HUDSON, FL 34667         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                          | Sally Schlender, Treasurer, Cona<br>11458 Stoncybrook Path<br>Port Richey FL 34668-2049      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PD<br>MEL PHILLIPS<br>1209 ASHBOURNE CIRCLE<br>NEW PORT RICHEY, FL 34655 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                          | Dominick Scannavino, President, Cona<br>1050A East Lake Woodlands Pwy<br>Oldsmar FL 34677    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SD<br>WEBER, FLORENCE<br>3510 HOGAN DRIVE<br>NEW PORT RICHEY, FL 34656   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                          | VP Ron Hubbs, Vice-President, Cona<br>8205 Valley Stream Lane<br>Bayonet Point FL 34667-2340 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                          | <input type="checkbox"/> Change <input 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 due empowered. |                                                                          |                                                                                                                                                                                                         |                                                                                              |
| SIGNATURE: <u><i>Dominick Scannavino</i></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          | 3-9-06 789-1284 ext. 228                                                                                                                                                                                |                                                                                              |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          | <small>Date Daytime Phone #</small>                                                                                                                                                                     |                                                                                              |

ATTACHMENT

60028676  
# N18925

Pat Gorecki, Director, Cona  
4024 Floramar Terrace  
New Port Richey FL 34652-3166

Hans Kachler, Director, Cona  
8625 Winding Wood Drive  
Port Richey FL 34668-3051

Reynolds Smith Sr. Director, Cona  
12705 Woodchuck Way  
Hudson FL 34668-2762

Ernie Reed, Director Cona  
7502 Yachtsman Drive  
Hudson FL 34667-3971

Jim Turtle, Director Cona  
2026 Society Drive  
Holiday FL 34691-3350

*Cona other board  
members*