


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # N20560 1. Entity Name TAMPA SHORES/IMPERIAL KEY CIVIC ASSOCIATION, INC. |  |
|--|---|

| | |
|--|---|
| Principal Place of Business 6201 IMPERIAL KEY TAMPA, FL 33615 US | Mailing Address 10731 DRUMMOND C/O KEVIN HENIKA TAMPA, FL 33615 US |
|--|---|



04242006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|-----------------------------------|
| 4. FEI Number NOT APPLICABLE | 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 NELSON, MIKE 6201 IMPERIAL KEY TAMPA, FL 33615 |
|---|

**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:  DATE: 4.24.06
(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 NAME STREET ADDRESS CITY-ST-ZIP | P NELSON, MIKE 6201 IMPERIAL KEY TAMPA, FL 33615 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HARRIS, ROD IMPERIAL KEY TAMPA, FL 33615 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HENIKA, KEVIN 10731 DRUMMOND TAMPA, FL 33615 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DBC WARE, CELINE 5741 IMPERIAL KEY TAMPA, FL 33615 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WOODS, ETHYL TAMPA SHORES TAMPA, FL 33615 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/WC WARE, BRAD 5741 IMPERIAL KEY TAMPA, FL 33615 |

UD0000538176
05/09/06-80046-023 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:  DATE: 4.24.06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR