


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90164 030 \*\*\*\*70.00

<b>DOCUMENT # N23210</b>	
1. Entity Name <b>BECKETT BAY HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>755 BECKETT WAY TARPON SPRINGS, FL 34689</b>	Mailing Address <b>PREMIERE MANAGEMENT SERVICES, INC. P.O. BOX 143 NEW PORT RICHEY, FL 34673</b>
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2. Principal Place of Business <b>COMMUNITY ACCT &amp; MANAGEMENT</b> Suite, Apt. #, etc. <b>40347 US 19 N, SUITE 129</b> City & State <b>TARPON SPRINGS, FL</b> Zip <b>34689</b>	3. Mailing Address <b>COMMUNITY ACCT &amp; MANAGEMENT</b> Suite, Apt. #, etc. <b>40347 US 19 N, SUITE 129</b> City & State <b>TARPON SPRINGS, FL</b> Zip <b>34689</b>
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04192006 Chg-NP	CR2E037 (11/05)
4. FEI Number <b>59-2891118</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>SPROWLS, JOSEPH D C/O JOSEPH SPROWLS 11922 TEE TIME CIRCLE NEW PORT RICHEY, FL 34654</b>	7. Name and Address of New Registered Agent Name <b>HUBER, CAROL</b> Street Address (P.O. Box Number is Not Acceptable) <b>COMMUNITY ACCT &amp; MANAGEMENT</b> <b>40347 US 19 N, SUITE 129</b> City <b>TARPON SPRINGS</b> FL Zip Code <b>34689</b>
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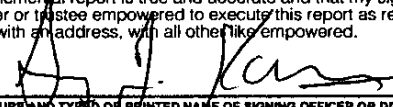
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROGALA, TOM 1479 RIDGE SHORE DR. TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ESCHLER, JOHN 1432 Bay View Street TARPON SPRINGS, FL 34689 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HYNES, KATHY 1514 RIDGE SHORE DR. TARPON SPRINGS, FL 34689 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GABBERT, RICK 1447 BAYVIEW STREET TARPON SPRINGS, FL 34689 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CORTESE, PAULINE 730 BAYSIDE DR TARPON SPRINGS, FL 34689 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LUCKENBILLY, KRAIG 1465 CLUB DRIVE TARPON SPRINGS, FL 34689 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JAMES, PAINTER 1480 CLUB DRIVE TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PAINTER, JAMES 1480 CLUB DRIVE TARPON SPRINGS, FL 34689 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DEBELL, STEVE 635 BAYSIDE DR. TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DEBELL, STEVE 635 BAYSIDE DRIVE TARPON SPRINGS, FL 34689 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KARANTONIS, GREG 698 BAYCOVE DRIVE TARPON SPRINGS, FL 34689 <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:**  **4-24-06** **Gregory J. Karantonis**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

727-510-3424