

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

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N27355**

1. Entity Name  
PLEASANT TERRACE CIVIC ASSOCIATION, INC.



Principal Place of Business  
12210 52ND ST  
TEMPLE TERRACE, FL 33617

Mailing Address  
12210 52ND ST  
TEMPLE TERRACE, FL 33617 US

**DO NOT WRITE IN THIS SPACE**



04262006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
59-3028972

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SHEFFIELD, SHARON L  
12210 52ND ST  
TAMPA, FL 33617

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(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	P
NAME	HANKENSON, CRAIG
STREET ADDRESS	5109 OAKHAVEN LANE
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617
TITLE	VD
NAME	GILES, JOHN
STREET ADDRESS	11712 N 51ST ST
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617
TITLE	SD
NAME	FALTER, EDNA LOU
STREET ADDRESS	12708 N 52ND ST
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617
TITLE	TD
NAME	SHEFFIELD, SHARON L
STREET ADDRESS	12210 52ND ST
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617
TITLE	D
NAME	MOORE, FRANK
STREET ADDRESS	5004 GAINSVILLE DRIVE
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617
TITLE	D
NAME	FINGAR, ROGER
STREET ADDRESS	11812 51ST STREET
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617

U00000562047  
05/19/06-80039-016 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/06

813/988-0756