2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35303

Feb 13, 2006 Secretary of State

Entity Name: CENTRAL OAK PARK NEIGHBORHOOD ASSOCIATION OF ST. PETERSBURG, INCORPORATED

Current Principal Place of Business:

New Principal Place of Business:

423 48TH STREET N

4565 12TH AVE. NORTH

US ST. PETERSBURG, FL 33713

Current Mailing Address:

ST. PETERSBURG, FL 33713

New Mailing Address:

P O BOX 12702

ST PETERSBURG, FL 33733 US

FEI Number: 59-2989110

FEI Number Applied For ()

US

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GARLIETT, KEN 401 48TH ST N

DEL PRETE, LOUIS A SR. 4565 12TH AVE. NORTH

SAINT PETERSBURG, FL 33713 US

SAINT PETERSBURG, FL 33713 US

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.

SIGNATURE: LOUIS A. DEL PRETE SR.

02/13/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete GARLIEPP, KEN Name: 401 48TH ST N Address:

City-St-Zip: SAINT PETERSBURG, FL 33713 US

Title: () Delete DELPRETE, LOUIS Name: Address: 4565 12TH AVE N

City-St-Zip: SAINT PETERSBURG, FL 33713

Title: () Delete SHERITAN, ISABEL Name: 4801 4TH AVE N Address:

City-St-Zip: SAINT PETERSBURG, FL 33713 US

Title: TD () Delete

Name: ALLUMS, PAT 4063 SECOND AVENUE NORTH Address: City-St-Zip: SAINT PETERSBURG, FL 33713

(X) Change () Addition DEL PRETE, LOUIS A SR. Name: Address: 4565 12TH AVE. NORTH

City-St-Zip: SAINT PETERSBURG, FL 33713 US

Title: (X) Change () Addition Name: DELPRETE, LOUIS A SR.

Address: 4565 12TH AVE N

City-St-Zip: SAINT PETERSBURG, FL 33713

Title: (X) Change () Addition

SHERITAN, ISABEL Name: 4801 4TH AVE NORTH Address:

City-St-Zip: SAINT PETERSBURG, FL 33713 US

Title: TD (X) Change () Addition

Name: ALLUMS, PAT

Address: 4063 2ND. AVE. NORTH City-St-Zip: SAINT PETERSBURG, FL 33713

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS A. DEL PRETE SR.

A/P

02/13/2006