


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-27-2006 90187 026 ****70.00

DOCUMENT # N35985	
1. Entity Name DISABLED AMERICAN VETERANS AUXILIARY BAY PINES HOLIDAY ISLES #13, INC.	

Principal Place of Business 140 COREY AVENUE ST. PETERSBURG BEACH, FL 33706	Mailing Address 140 COREY AVENUE ST. PETERSBURG BEACH, FL 33706
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 4801 37th STREET N		Suite, Apt. #, etc. 4801 37th STREET N	
City & State ST PETERSBURG, FLORIDA		City & State ST PETERSBURG, FLORIDA	
Zip 33714	Country USA	Zip 33714	Country USA



01082006 Chg-NP CR2E037 (11/05)

4. FEI Number 23-7331174	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MILLER, DOROTHY (DOTTY) 10751 CLARA LANE ST. PETERSBURG, FL 33708

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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.

SIGNATURE 	4-24-06
Signature, typed or printed name of registered agent and title if applicable.	DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CMDR FARLEY, LINDA 5756 ORANGE RD SEMINOLE, FL 33772 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRV ROBINSON, MARGE 12033 PARK BLVD SEMINOLE, FL 33772 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JRV FESMIRE, EMELINE 10810 62ND AVE N SEMINOLE, FL 33772 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDA MILLER, DOROTHY D 10751 CLARA LANE ST PETERSBURG, FL 33708 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REESE, VIVIAN 8788 118TH WAY N SEMINOLE, FL 33772 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDC BREWER, LORRAINE 11175 58TH AVENUE N SEMINOLE, FL 33772 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CMDR MARGARET ROBINSON 120 PARK BLVD SEMINOLE, FL 33772 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRV LORRAINE BREWER 6399 SHORELINE DR # 4-304 ST PETERSBURG FL 33708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JRV MARY BACHMAN 3931 90th TERRACE N. PINELLAS PARK FL 33782 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDC SHIRLEY ENGLER 5824 16th LANE N.E. ST PETERSBURG FL 33703 <input checked="" 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 like empowered.

SIGNATURE: 