
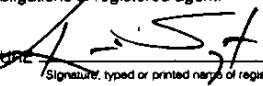
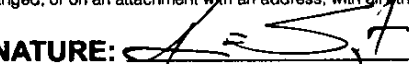


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90044 035 ****61.25

DOCUMENT # N50800					
1. Entity Name SERVOS COMMERCIAL CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 192 HOMOSASSA SPRINGS, FL 34447			Mailing Address P.O. BOX 192 HOMOSASSA SPRINGS, FL 34447		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2917583	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HASTINGS, NORAH 7 PINWOOD GREEN HOMOSASSA, FL 34446			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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: 		KEVIN SCIGLIA		1-17-06	
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCIGLIA, KEVIN		NAME	SCIGLIA, KEVIN	
STREET ADDRESS	6270 PIEDMONT		STREET ADDRESS	6270 PIEDMONT DR.	
CITY-ST-ZIP	SPRING HILL, FL 34606		CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HASTINGS, NORA		NAME	FORTE, DANIEL	
STREET ADDRESS	7 PINWOOD DRIVE		STREET ADDRESS	4125 W. PICNIC LN.	
CITY-ST-ZIP	HOMOSASSA, FL 34446		CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, MARGARET E		NAME	ROBERTS, DEBRAH	
STREET ADDRESS	6950 W MACOPH LANE		STREET ADDRESS	3 S. SHUMARD CT.	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429		CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		1-17-06		1-352-628-3915	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	