
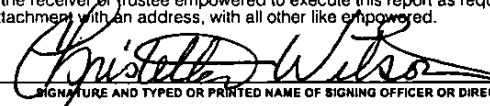


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90004 040 \*\*\*\*61.25

DOCUMENT # N93000000532							
1. Entity Name PALMETTO PARK CRIME WATCH AND NEIGHBORHOOD ASSOCIATION, INC.							
Principal Place of Business 201 27TH ST S ST PETERSBURG, FL 33712		Mailing Address P.O. BOX 13845 ST PETERSBURG, FL 33733 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-3169604			
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				
SIMMONS, LURLIS 201 27TH ST SO ST PETERSBURG, FL 33712			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 _____			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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SIMMONS, LURLIS		NAME	WADE Burghardt			
STREET ADDRESS	201 27TH ST SO		STREET ADDRESS	2715 2ND AVE SO			
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712		CITY-ST-ZIP	ST PETE FL 33712			
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WILSON, CHRISTELLA		NAME	ROSE COUCH			
STREET ADDRESS	2940 2ND AVE S		STREET ADDRESS	2609 4TH AVE SO			
CITY-ST-ZIP	ST PETERSBURG, FL		CITY-ST-ZIP	ST PETE FL 33712			
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOYKINS, EZELL		NAME				
STREET ADDRESS	3166 FREEMONT TERR SO		STREET ADDRESS				
CITY-ST-ZIP	ST. PETE, FL		CITY-ST-ZIP				
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER, FREDDIE		NAME				
STREET ADDRESS	234 27TH ST S		STREET ADDRESS				
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PARKER, JULIA		NAME				
STREET ADDRESS	2449 4TH AVE SO.		STREET ADDRESS				
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712		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: 			Date: 4/3/06		Daytime Phone #: 727 521-5632		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		