2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000877

FILED Apr 13, 2006 Secretary of State

Entity Name: TWO FARRELL PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

11902 RACE TRACK ROAD TAMPA, FL 33626 US

Current Mailing Address: New Mailing Address:

11902 RACE TRACK ROAD TAMPA, FL 33626 US

FEI Number: 59-3179171 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THE PROPERTY GROUP OF CENTRAL FLORIDA, INC 11902 RACE TRACKROAD TAMPA, FL 33626 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tte: DP () Delete Title: D (X) Change () Addition

 Name:
 SERLUCO, SAM
 Name:
 SERLUCO, SAM

 Address:
 3374 MERMOOR DR #105
 Address:
 3374 MERMOOR DR #105

 City-St-Zip:
 PALM HARBOR, FL 34685
 City-St-Zip:
 PALM HARBOR, FL 34685

Title: DT () Delete Title: DVPT (X) Change () Addition

Name: BOBER, DENNIS Name: BOBER, DENNIS

 Address:
 3374 MERMOOR DR #204
 Address:
 3374 MERMOOR DR #204

 City-St-Zip:
 PALM HARBOR, FL 34685
 City-St-Zip:
 PALM HARBOR, FL 34685

Title: D () Delete Title: DP (X) Change () Addition Name: BRESOVITS,, LISA Name: SCHNEEGOLD, JUDITH

Address: 3366 MERMOOR DR. #203 Address: 3366 MERMOOR DR. #101
City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: PALM HARBOR, FL 34685

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: JUDITH SCHNEEGOLD DP 04/13/2006