2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003064

FILED Apr 30, 2006 Secretary of State

Entity Name: TARPON SPRINGS MANOR NON-PROFIT HOUSING, INC,

Current Principal Place of Business: New Principal Place of Business: 61000 POLLY DRIVE TARPON SPRINGS, FL **Current Mailing Address: New Mailing Address:** P.O. BOX 2911 TAMPA, FL 336012911 US FEI Number: 59-3251036 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: DEFOUR, GEORGE A TENNANT, ROBERT L 4610 CENTRAL AVE 9805 LELLA TAMPA, FL 33603 TAMPA, FL 33615 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: ROBERT L TENNANT 04/30/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete SIGISMUND, STANLEY P MAYNORD, THEODEN Name: Name: 8006 GREENSHIRE DR Address: 60935 POLLY DR Address: City-St-Zip: TAMPA, FL City-St-Zip: TARPON SPRINGS, FL 34689 Title: Title: () Delete () Change () Addition REYNOLDS, JERRY Name: Name: Address: 11723 PRIMROSE DR Address: City-St-Zip: TEMPLE TERRACE, FL City-St-Zip: Title: DP () Delete Title: DP (X) Change () Addition COSTEN, MADELIN COSTON, MADELINE Name: Name: 63063 POLLY DR. Address: Address: 63063 POLLY DR City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: TARPON SPRINGS, FL 34689 () Delete Title: DS Title: (X) Change () Addition ROBICHAUD, LORETTA Name: Name: ROBICHAUD, LORETTA 63070 POLLY DR Address: 63070 POLLY DR Address: City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: TARPON SPRINGS, FL 34689 Title: () Delete Title: () Change (X) Addition DROLET, RAFFAELLA (VAL) Name: Name: 63378 POLLY DR Address: Address: City-St-Zip: City-St-Zip: TARPON SPRINGS, FL 34689 () Change (X) Addition Title: () Delete Title: DIAZ IRIS Name: Name: Address: Address: 63381 POLLY DR TARPON SPRINGS, FL 34689 City-St-Zip: City-St-Zip:

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: JERRY REYNOLDS D 04/30/2006