

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001253

FILED  
Mar 01, 2006  
Secretary of State

**Entity Name:** TAMPA BAY PARROT HEADS IN PARADISE CLUB, INC.

**Current Principal Place of Business:**

P. O. BOX 232  
LUTZ, FL 33548 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 232  
LUTZ, FL 33548 US

**New Mailing Address:**

**FEI Number:** 59-3299911

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FINK, HARRY  
1110 3RD STREET SO. SLIP E-12  
SAINT PETERSBURG, FL 33701 US

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

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:**

Title: TD ( ) Delete  
Name: BARILE, DIANE  
Address: 9301 RIVER COVE DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

Title: S ( ) Delete  
Name: OCONNOR, JENNIFER  
Address: 1101 OXBRIDGE DR.  
City-St-Zip: LUTZ, FL 33549

Title: PD ( ) Delete  
Name: FINK, HARRY  
Address: 1110 3RD STREET SOUTH SLIP E-12  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: VPD ( ) Delete  
Name: BLANKENSHIP, SUSAN  
Address: 922 LYNTHURST ST.  
City-St-Zip: DUNEDIN, FL 34698

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: DIANE BARILE

T

03/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date