

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004869

FILED
Jul 14, 2006
Secretary of State

Entity Name: CULBREATH BAYOU NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

4415 W. WATROUS AVENUE
TAMPA, FL 33629 US

New Principal Place of Business:

4418 W. WATROUS AVENUE
TAMPA, FL 33629 US

Current Mailing Address:

4415 W. WATROUS AVENUE
TAMPA, FL 33629 US

New Mailing Address:

4418 W. WATROUS AVENUE
TAMPA, FL 33629 US

FEI Number: 59-3341852 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOCICERO, CAROL
1206 S. SUFFORK DRIVE
TAMPA, FL 336297513 US

Name and Address of New Registered Agent:

KITE-POWELL, RUFUS
4418 WEST WATROUS AVENUE
TAMPA, FL 33629 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: RUFUS KITE-POWELL

07/14/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REYNOLDS, MARTHA
Address: 4415 W. WATROUS AVE.
City-St-Zip: TAMPA, FL 33629

Title: VD () Delete
Name: DIAZ, ANDREW
Address: 4502 FERNCROFT
City-St-Zip: TAMPA, FL 33629

Title: TD () Delete
Name: KITE-POWELL, RUFUS
Address: 4418 WATROUS AVE.
City-St-Zip: TAMPA, FL 33629

Title: S () Delete
Name: SCHATZBERG, BETH
Address: 4521 W. WATROUS AVE.
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STICHTER, SARAH
Address: 1111 DUNBAR
City-St-Zip: TAMPA, FL 33629

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

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

Title: S (X) Change () Addition
Name: FIELDS, DEENA
Address: 4522 W. WATROUS AVE.
City-St-Zip: TAMPA, FL 33629

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: RUFUS KITE-POWELL

TD

07/14/2006

Electronic Signature of Signing Officer or Director

Date