


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

FILED
Jul 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000001789 1. Entity Name OMAHA GARDENS CONDOMINIUM, INCORPORATED	
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Principal Place of Business 8376 OMHA CIRCLE SPRING HILL, FL 34608 US	Mailing Address 5026 CUMBERLAND LANE SPRING HILL, FL 33607 US
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DO NOT WRITE IN THIS SPACE



07012006 No Chg-NP CR2E037 (4/06)

4. FEI Number 01-9307416	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BELLNIAK, ALFRED 5026 CUMBERLAND LANE SPRING HILL, FL 34607	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BELNIAK, ALFRED 5000 CUMBERLAND LANE SPRING HILL, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BELNIAK, MARLENE 5000 CUMBERLAND LANE SPRING HILL, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELNIAK, DAVID A 5000 CUMBERLAND LANE SPRING HILL, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Alfred J. Belniak **Alfred J. Belniak** 7/01/06 352-5968195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #