



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90209 019 ****61.25

DOCUMENT # N97000005894					
1. Entity Name TOWNHOMES BY THE GULF AT SAND PEBBLE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business TAMPA BAY PROPERTY MANAGEMENT 6014 US HWY 19 N., STE 150 NEW PORT RICHEY, FL 34652			Mailing Address TAMPA BAY PROPERTY MANAGEMENT 6014 US HWY 19 N., STE 150 NEW PORT RICHEY, FL 34652		
2. Principal Place of Business COMMUNITY MGMT SERVICES Suite, Apt. #, etc. 5609 45 19, STE G City & State NEW PORT RICHEY FL Zip 34652 Country USA		3. Mailing Address COMMUNITY MGMT SERVICES Suite, Apt. #, etc. 5609 45 19, STE G City & State NEW PORT RICHEY FL Zip 34652 Country USA			
4. FEI Number 59-3522954				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 MICK, JAMIE TAMPA BAY PROPERTY MANAGEMENT 6014 US HWY 19 N., STE 150 NEW PORT RICHEY, FL 34652			7. Name and Address of New Registered Agent Name <u>Community Management Services Inc</u> Street Address (P.O. Box Number is Not Acceptable) <u>5609 45 19 STE G</u> City <u>NEW PORT RICHEY</u> FL <u>34652</u>		
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 <u>[Signature]</u> (NOTE: Registered Agent Signature required when reinstating) DATE <u>2/17/06</u>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREEDMAN, SID 8205 AQUILA STREET PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Triola Sr. 8230 Aquila St. Port Richey, FL 34668 VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RP D TRIOLA, ROBERT 8230 AQUILA STREET PORT RICHEY, FL 34668	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Triola Jr. 8207 Aquila St. Port Richey, FL 34668	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR D DAILY, TIM 8242 AQUILA STREET PORT RICHEY, FL 34668	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph Stacheler 8226 Brent Street Port Richey, FL 34668	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D S O'NEILL, STEVEN 8306 AQUILA STREET PORT RICHEY, FL 34668	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOLMAN, DOROTHY 8202 BRENT STREET PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u>			Date <u>2/17/06</u> Daytime Phone # <u>7278169900</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					