


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90007 035 \*\*\*\*61.25

<b>DOCUMENT # N99000001777</b> 1. Entity Name <b>GARDEN MANOR NEIGHBORHOOD ASSOCIATION, INC.</b>					
Principal Place of Business <b>6348 17 TERRACE N ST. PETERSBURG, FL 33710</b>			Mailing Address <b>GARDEN MANOR NEIGHBORHOOD ASSOCIATION P O BOX 40682 ST. PETERSBURG, FL 33710</b>		
2. Principal Place of Business <b>PO Box 40682</b>		3. Mailing Address <b>PO Box 40682</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>St. Petersburg, FL</b>		City & State <b>St. Petersburg, FL</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>33710</b>		Country <b>USA</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>HEALEY, JOHN 6380 - 17TH PLACE N ST. PETERSBURG, FL 33710</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FEININGER, HAROLD</b> <b>6348 17TH TERRACE NORTH</b> <b>ST. PETERSBURG, FL 33710</b> <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	<b>ST</b> <b>NELSON, VIRGINIA</b> <b>6466 18TH AVENUE NORTH</b> <b>ST. PETERSBURG, FL 33710</b> <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	<b>D</b> <b>WILSON, SANDRA</b> <b>1741 - 65TH WAY N</b> <b>SAINT PETERSBURG, FL 33710</b> <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	<b>COP</b> <b>BELL, BRADLEY</b> <b>1698 63RD STREET NORTH</b> <b>SAINT PETERSBURG, FL 33710</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Co-President</b> <b>Bell, Bradley</b> <b>1734 65th Street North</b> <b>Saint Petersburg, FL 33710</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>WERDEN, MICHELLE</b> <b>1744 65 ST NORTH</b> <b>ST. PETERSBURG, FL 33710</b> <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	<b>COP</b> <b>HEALEY, JOHN</b> <b>6380 17TH PLACE</b> <b>SAINT PETERSBURG, FL 33710</b> <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.					
<b>SIGNATURE: <u>Bradley H Bell</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3/11/06</b> <small>Date</small>		
<b>727-345-8570</b> <small>Daytime Phone #</small>					