


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90018 040 \*\*\*\*61.25

<b>DOCUMENT # N99000004310</b>	
1. Entity Name <b>CORSICA PARK HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>GRS MANAGEMENT ASSOCIATES, INC 3900 WOODLAKE BLVD #309 LAKE WORTH, FL 33463</b>	Mailing Address <b>GRS MANAGEMENT ASSOCIATES, INC 3900 WOODLAKE BLVD #309 LAKE WORTH, FL 33463</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01172006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>65-0984886</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>LAW OFF. OF ST. JOHN, CORE, FIORE &amp; LEMME 1601 FORUM PLACE STE 701 WEST PALM BEACH, FL 33401</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FALLAVOLLITA <input checked="" type="checkbox"/> Delete FALLAVOLITA, ALBERT 8327 DUOMO CIRCLE BOYNTON BEACH, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FALLAVOLLITA ALBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8327 Duomo Circle BOYNTON BEACH FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BELL, STEVE <input checked="" type="checkbox"/> Delete 8159 FLORENZA DR BOYNTON BEACH, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRIEDMAN JOYCE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8167 Duomo Circle BOYNTON BEACH FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARABBA, FREDERICK <input type="checkbox"/> Delete 8143 DUOMO CIRCLE BOYNTON BEACH, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP MANTIN, HERMAN <input type="checkbox"/> Delete 8322 DUOMO CIRCLE BOYNTON BEACH, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TURRET, HY <input type="checkbox"/> Delete 8074 DUOMO CIRCLE BOYNTON BEACH, FL 33437	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:**  **TREASURER** **2/15/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #