

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED

Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000004746	
1. Entity Name ALL NATIONS COMMUNITY ASSOCIATION, INC.	
Principal Place of Business 2319 28TH STREET N SAINT PETERSBURG, FL 33713 US	Mailing Address P.O. BOX 14532 SAINT PETERSBURG, FL 33733 US



01312006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3603136	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALY, BUN JOHN
5371 68TH STREET N
SAINT PETERSBURG, FL 33709

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SIMS, HAROLD D PH.D 6311 VISTA VERDE DR. E. GULFPORT, FL 33707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SOURN, PROSOM 3849 14TH AVENUE N SAINT PETERSBURG, FL 33714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BACCAM, MAY 2660 46TH AVENUE N SAINT PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BANKS, CATHLEEN 2985-H TANGLEWOOD DR. S. CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD SALY, BUN JOHN 5371 68TH STREET N SAINT PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DAO, JOHN A 11708 SUNLIGHT LANE SEFFNER, FL 33584

000000425162
02/18/06-80083-009 70.00

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: Bun John Saly / BUN JOHN SALY 02/03/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #