## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000105705

Address:

10037 62ND TERRACE N. # 2

City-St-Zip: SAINT PETERSBURG, FL 33708

Entity Name: ELITE ASSOCIATION MANAGEMENT. INC

FILED Aug 06, 2006 Secretary of State

Entity Nan	ne: ELITE ASS	SOCIATION MANAGEMENT	, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
4190 40TH ST. S. SAINT PETERSBURG, FL 33711				6251 PARK BLVD. SUITE 8 PINELLAS PARK, FL 33781 US			
Current Mailing Address:				New Mailing Address:			
PO BOX 530277 SAINT PETERSBURG, FL 33747				6251 PARK BLVD. SUITE 8 PINELLAS PARK, FL 33781 US			
FEI Number:	59-3751941	FEI Number Applied For ( )	FEI Nun	nber Not Appli	icable ( ) Ce	rtificate of Status Desi	red ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
FATA, GREGORY G 4360 CENTRAL AVE SAINT PETERSBURG, FL 33711 US				FATA, GREGORY G 6251 PARK BLVD. SUITE #8 PINELLAS PARK, FL 33781 US			
The above in the State		ubmits this statement for the	purpose o	f changing it	s registered office	e or registered agen	t, or both,
SIGNATURE:				08/06/2006			
	Electroni	c Signature of Registered Ao	gent			Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	FATA, GREGOR 3968 SHORE AC			Title: Name: Address: City-St-Zip:	( ) Cha	ange ( ) Addition	
Title: Name: Address: City-St-Zip:	MCBRIDE, THOM 4190 40TH ST. S			Title: Name: Address: City-St-Zip:	V (X) Cha MCBRIDE, THOMAS 5212 WHITE SAND SAINT PETERSBUR	CIRCLE	
Title: Name: Address: City-St-Zip:	TD () MCBRIDE, JUDY 109 THE CORSO VENICE, FL 342	)		Title: Name: Address: City-St-Zip:	( ) Cha	ange ( ) Addition	
Title: Name: Address: City-St-Zip:	FATA, MIKEAL F 1705 LUCAS	Delete BURG, FL 33705		Title: Name: Address: City-St-Zip:	D (X) Cha FATA, MIKEAL P 1705 LOCUST SAINT PETERSBUR	ange ( ) Addition	
Title: Name:	D () GERALDINE, RA	Delete Y		Title: Name:	( ) Cha	ange ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: GREGORY G. FATA PRES 08/06/2006

The corporation has indicated in accordance with s. 607.193(2)(b), F.S., it did not receive the prior notice. They have requested the late fee be waived.