2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000032467

1. Entity Name
SELWITZ COMMUNITY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
834 FIRST STREET PORT ORANGE, FL 32119	PO BOX 291205 PORT ORANGE, FL 32129-1205

DO NOT WRITE IN THIS SPACE

01092006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3568910	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

5. Name and Address of Current Registered Agent

SELWITZ, BARBARA
834 FIRST STREET
PORT ORANGE, FL 32119

DO NOT WRITE IN THIS SPACE

6. 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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PST
NAME	SELWITZ, BARBARA
STREET ADDRESS	834 FIRST STREET
CITY-ST-ZIP	PORT ORANGE, FL 32119

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

03/2___-___-___5 150.00

DO NOT WRITE IN THIS SPACE

U00000462033
03/21/06-80019-015 150.00

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 607, 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: *Barbara J Selwitz*   Barbara J. Selwitz   3/6/06   (386) 756-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   President   Date   Daytime Phone #