


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90018 028 \*\*\*\*61.25

**DOCUMENT # 740585**

1. Entity Name  
 RUNAWAY BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
 1801 NORTH GULF DR  
 BRADENTON, FL 34217 US

Mailing Address  
 P.O. BOX 10674  
 BRADENTON, FL 34282 US

40007973



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 4301-32nd St W  
 A-20

01032005 Chg-NP CR2E037 (10/03)

City & State  
 Bradenton, FL

Zip  
 34205

Country  
 US

4. FEI Number  
 59-1799124

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 C & S CONDOMINIUM MANAGEMENT SERVICES  
 4301 32ND ST. W.  
 STE A19  
 BRADENTON, FL 34208

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City  
 FL 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: Sandra Taylor DATE: 1-3-05

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BANTA, CAROLYN 6583 CHESNENKE RUN CINCINNATI, OH 45248 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAVINO, FRANK 987 LONE PINE CT AMERY, WI 54001 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCGRATH, FRANK 210 84TH ST HOLMES BEACH, FL 34217 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAMAN, DON 1801 GULF DR N # 276 BRADENTON BEACH, FL 34217 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLIN, BILL 1801 N GULF DR BRADENTON BEACH, FL 34217 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAPPESEAR, LARRY 71 DENNISON DR GLENDALE HEIGHTS, IL 60139 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Carolyn S. Banta CAROLYN S. BANTA Date: Jan 15, 05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Page 2