


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90392 029 ****61.25

DOCUMENT # 758981

1. Entity Name
LE SCAMPI CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**4174 WOODLANDS PKWY
 PALM HARBOR, FL 34685**

Mailing Address
**4174 WOODLANDS PKWY
 PALM HARBOR, FL 34685**

40057396



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02012006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3109095

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FIRST CHOICE ASSOCIATION MANAGEMENT 4174 WOODLANDS PARKWAY PALM HARBOR, FL 34685		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RESTALL, DAVID			NAME			
STREET ADDRESS	3619 EAST ROYAL PALM CIR.			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33629			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRUTTENDEN, ARLEN			NAME			
STREET ADDRESS	4410 ESTRELLA ST.			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33629			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALTERS, ESTHER			NAME			
STREET ADDRESS	19010 GULF BLVD., #202			STREET ADDRESS			
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEWHIRTER, DONNA			NAME			
STREET ADDRESS	19010 GULF BLVD., #103			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33629			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DERUZZO, SHERRY			NAME			
STREET ADDRESS	19010 GULF BLVD., #203			STREET ADDRESS			
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHERMAN, TONI			NAME			
STREET ADDRESS	7944 JAYWOOD RD, NORTH			STREET ADDRESS			
CITY-ST-ZIP	SEMINOLE, FL 33777			CITY-ST-ZIP			

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: Esther D. Walters 4/20/06 (727) 785-8887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Esther Walters, Director