


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90212 034 ****61.25

DOCUMENT # N04000011070

1. Entity Name
SAN PALERMO AT SARASOTA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
4500 PGA BLVD SUITE 400
PALM BEACH GARDENS, FL 33418

Mailing Address
4500 PGA BLVD SUITE 400
PALM BEACH GARDENS, FL 33418



2. Principal Place of Business
2477 STICKNEY POINT RD
Suite, Apt. #, etc.
SUITE 118A

3. Mailing Address
2477 STICKNEY POINT RD
Suite, Apt. #, etc.
SUITE 118A

01112006 Chg-NP CR2E037 (11/05)

City & State
SARASOTA FL

City & State
SARASOTA FL

Zip Country
34231 USA

Zip Country
34231 USA

4. FEI Number
59-3789363

Applied For
Not Applicable

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

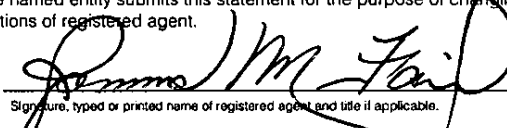
6. Name and Address of Current Registered Agent

OLINGER, JOHN
4500 PGA BLVD SUITE 400
PALM BEACH GARDENS, FL 33418

7. Name and Address of New Registered Agent

Name ARGUS PROPERTY MANAGEMENT INC.
Street Address (P.O. Box Number is Not Acceptable)
2477 STICKNEY POINT RD, SUITE 118A
City SARASOTA FL Zip Code 34231

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 4/2/06

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BLOCH, JEFF	
STREET ADDRESS	4500 PGA BLVD SUITE 400	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CHEW, CHRIS	
STREET ADDRESS	4500 PGA BLVD SUITE 400	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	OLINGER, JOHN	
STREET ADDRESS	4500 PGA BLVD SUITE 400	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIAN THOMPSON	
STREET ADDRESS	6016 MADRANO DR.	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	LYNN RITCHIE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD	
STREET ADDRESS	9285 HUNTING VALLEY SOUTH	
CITY-ST-ZIP	CLARENCE, NY 14031	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DON NEU	
STREET ADDRESS	1675 NAPOLI DR. WEST	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:  DATE 4/2/06 DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR