

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N04257 (4)**
1. Corporation Name
PANAMA CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **C/O RESORT MANAGEMENT
844 BALD EAGLE DRIVE
MARCO ISLAND FL 33937**

Mailing Address: **POST OFFICE BOX 2244
844 BALD EAGLE DRIVE
MARCO ISLAND FL 33969
US**

3. Date Incorporated or Qualified: **07/18/1984**
3a. Date of Last Report: **05/19/1995**

2. Principal Place of Business: **21 834 BALD EAGLE DR.**
Suite, Apt. #, etc.
22

2a. Mailing Address: **26 P.O. Box 2244**
Suite, Apt. #, etc.
27

City & State: **23**
City & State: **28**

Zip: **24** Country: **25** Zip: **29** Country: **30**

4. FEI Number: **59-2587077**
Applied For: Not Applicable:

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

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ULMER, GEORGETTE A
910 PANAMA COURT #301
MARCO ISLAND FL 33937**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** **B5 Zip Code**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BUDRONI, MARY	
STREET ADDRESS	428 WOODWAY	
CITY-ST-ZIP	NEWTON SQUARE PA	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SHADOAN, DOYLE	
STREET ADDRESS	8188 COLUMBIA RD RT 7	
CITY-ST-ZIP	MAINEVILLE OH	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SEARLES, PEG	
STREET ADDRESS	101 WILDWOOD AVE	
CITY-ST-ZIP	WHITE BEAR LK MN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOE DICALOGERO
2.3 STREET ADDRESS	57 LONGMEADOW RD.
2.4 CITY-ST-ZIP	NORWOOD, MA, 02062
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Doyle Shadoan* **DOYLE SHADOAN** **4-10-96** **941 642 5466**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)