

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04257 (4)
 1. Corporation Name
PANAMA CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O RESORT MANAGEMENT 827 BALD EAGLE DRIVE MARCO ISLAND FL 33937 US	Mailing Address POST OFFICE BOX 2244 MARCO ISLAND FL 33969 US
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3. Date Incorporated or Qualified 07/18/1984	
4. FEI Number 59-2587077	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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 _____
 Signature, typed or printed name of registered agent _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE VD	BUDRONI, MARY <input checked="" type="checkbox"/> DELETE	1.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BUDRONI, MARY	STREET ADDRESS 428 WOODED WAY	1.2 NAME JAMES SEARLES
CITY-ST-ZIP NEWTON SQUARE PA		1.3 STREET ADDRESS 910 PANAMA CT #302
TITLE PD	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP MARCO ISLAND, FL, 34145
NAME SHADOAN, DOYLE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 910 PANAMA CT #402		2.2 NAME
CITY-ST-ZIP MARCO ISLAND FL		2.3 STREET ADDRESS
TITLE ST	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
NAME WEGNER, MARLENE		8.1 TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 910 PANAMA CT #501		3.2 NAME
CITY-ST-ZIP MARCO ISLAND FL		3.3 STREET ADDRESS
TITLE	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
NAME		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME
CITY-ST-ZIP		4.3 STREET ADDRESS
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
NAME		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME
CITY-ST-ZIP		5.3 STREET ADDRESS
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
NAME		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME
CITY-ST-ZIP		6.3 STREET ADDRESS
TITLE	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. 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 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.

CP2E037 (10/97)