## **DOCUMENT # N04257**

1. Entity Name

## PANAMA CLUB CONDOMINIUM ASSOCIATION, INC.

C/O RESORT MANAGEMENT 827 BALD EAGLE DRIVE MARCO ISLAND FL 33937

Principal Place of Business

Mailing Address

POST OFFICE BOX 2244 MARCO ISLAND FL 34146-2244 US FILED May 15, 2000 8:00 am Secretary of State

04-19-2000 90018 033 \*\*\*\*61.25

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ASA BOLD EAGLE DR MARCO ISLAND FL 34145  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.  SIGNATURE    Signature hiped or prised name of registered agent and sets if applicable. (NOTE: Registered Agent signature required agent, or both, in the state of Florida.    Signature hiped or prised name of registered agent and sets if applicable. (NOTE: Registered Agent signature required agent, or both, in the state of Florida.    Signature hiped or prised name of registered agent and sets if applicable. (NOTE: Registered Agent signature required agent, or both, in the state of Florida.    Signature hiped or prised name of registered agent and sets if applicable. (NOTE: Registered Agent signature required agent, or both, in the state of Florida.    Signature hiped or prised name of registered agent, or both, in the state of Florida.    DATE		
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CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(I). Florida Statutes. I further certify that the 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.		

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:

SCHOTUPA SECURED SENTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00)

Daytime Phone #