


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91052 006 \*\*\*\*61.25

**DOCUMENT # N04257**  
 1. Entity 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**

**14008995**

2. Principal Place of Business		3. Mailing Address		04232004	Chg-NP	CR2E037 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-2587077</b>		
City & State		City & State		Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GRUESEL, JAMIE                  1104 N. COLLIER BLVD                  MARCO ISLAND, FL 34145</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	<b>FL</b>	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)

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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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	MURPHY, DANIEL		NAME		
STREET ADDRESS	910 PANAMA CRT #402		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
TITLE	DVST	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEGNER, MARLENE		NAME	Wegner, Marlene	
STREET ADDRESS	910 PANAMA CT #501		STREET ADDRESS	910 Panama Ct #501	
CITY-ST-ZIP	MARCO ISLAND, FL		CITY-ST-ZIP	marco island, FL 34145	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGETTE, ULMER		NAME	Horowitz, Benedict	
STREET ADDRESS	910 PANAMA CT #401		STREET ADDRESS	140 Prince St.	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	Needham, MA 02192	
TITLE		<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Searles, Jim	
STREET ADDRESS			STREET ADDRESS	910 Panama Ct #302	
CITY-ST-ZIP			CITY-ST-ZIP	marco island, FL 34145	
TITLE		<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Budroni, Mary	
STREET ADDRESS			STREET ADDRESS	910 Panama Ct #202	
CITY-ST-ZIP			CITY-ST-ZIP	marco island, FL 34145	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Novotny, Donald + Monica	
STREET ADDRESS			STREET ADDRESS	3971 Western Ave	
CITY-ST-ZIP			CITY-ST-ZIP	Western Springs, FL 32058	

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:** J. G. Searles 4-23-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #