

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90221 017 ****61.25

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04132006 Chg-NP CR2E037 (11/05)

DOCUMENT # N04257			
1. Entity Name PANAMA CLUB CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 834 BALD EAGLE DR. MARCO ISLAND, FL 34145 US		Mailing Address P.O. BOX 1511 MARCO ISLAND, FL 34146 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		4. FEI Number 59-2587077	
GRUESEL, JAMIE 1104 N. COLLIER BLVD MARCO ISLAND, FL 34145		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Name		Applied For	
Street Address (P.O. Box Number is Not Acceptable)		Not Applicable	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
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	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEGNER, MARLENE	NAME	
STREET ADDRESS	910 PANAMA CT #501	STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGETTE, ULMER	NAME	Vice-President
STREET ADDRESS	910 PANAMA CT 401	STREET ADDRESS	Young, William
CITY-ST-ZIP	MARCO ISLAND, FL 34145	CITY-ST-ZIP	317 Pleasant Ave.
TITLE	D <input type="checkbox"/> Delete	TITLE	Toronto, Ontario, Canada
NAME	HOROWITZ, BENEDICT	NAME	
STREET ADDRESS	140 PRINCE ST	STREET ADDRESS	
CITY-ST-ZIP	NEEDHAM, MA 02192	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEARLES, JIM	NAME	
STREET ADDRESS	910 PANAMA CT # 302	STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDRONI, MARY	NAME	
STREET ADDRESS	910 PANAMA CT #202	STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	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: <i>Daniel Murphy</i> Daniel Murphy		Date: 5/1/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 239 642-9600	