


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90101 043 \*\*\*\*61.25

**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

40101234



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03282007 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number  
**59-2587077**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**GRUESEL, JAMIE**  
 1104 N. COLLIER BLVD  
 MARCO ISLAND, FL 34145

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$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  Delete  
 NAME MURPHY, DANIEL  
 STREET ADDRESS 910 PANAMA CRT #402  
 CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  TD  Delete  
 NAME WEGNER, MARLENE  
 STREET ADDRESS 910 PANAMA CT #501  
 CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  VP  Delete  
 NAME YOUNG, WILLIAM  
 STREET ADDRESS 317 PLEASANT AVE  
 CITY-ST-ZIP TORONTO ONTARIO CAN.

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  D  Delete  
 NAME HOROWITZ, BENEDICT  
 STREET ADDRESS 140 PRINCE ST  
 CITY-ST-ZIP NEEDHAM, MA 02192

TITLE  Change  Addition  
 NAME **Searles, Jim**  
 STREET ADDRESS **101 Wildwood Ave.**  
 CITY-ST-ZIP **White Bear Lake, MN 55110**

TITLE  SD  Delete  
 NAME BUDRONI, MARY  
 STREET ADDRESS 910 PANAMA CT #202  
 CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **Novotny, Donald + Monica**  
 STREET ADDRESS **3971 Western Ave.**  
 CITY-ST-ZIP **Western Springs, IL 60558**

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: Mary Budroni  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07  
Date Daytime Phone #