


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90127 049 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03282008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2587077	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRUESEL, JAMIE 1104 N. COLLIER BLVD MARCO ISLAND, FL 34145			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, DANIEL		NAME	Ulmer, Georgette	
STREET ADDRESS	910 PANAMA CRT #402		STREET ADDRESS	910 Panama Ct. #401	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	Marco Island, FL 34145	
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	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, WILLIAM		NAME		
STREET ADDRESS	317 PLEASANT AVE		STREET ADDRESS		
CITY-ST-ZIP	TORONTO ONTARION CAN,		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEARLES, JIM		NAME		
STREET ADDRESS	101 WILDWOOD AVE		STREET ADDRESS		
CITY-ST-ZIP	WHITE BEAR LAKE, MN 55710		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		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVOTNY, DONALD		NAME		
STREET ADDRESS	3971 WESTERN AVE		STREET ADDRESS		
CITY-ST-ZIP	WESTERN SPRINGS, IL 60558		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 I am empowered.					
SIGNATURE: <i>Daniel J. Murphy</i>		Date: <i>04/16/2008</i>		Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					