

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90297 043 \*\*\*\*61.25

**DOCUMENT # N04257**



1. Entity Name  
**PANAMA CLUB CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**C/O RESORT MANAGEMENT  
827 BALD EAGLE DRIVE  
MARCO ISLAND FL 33937  
US** **POST OFFICE BOX 2244  
MARCO ISLAND FL 33969  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2587077</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
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>YACONO, RICK 834 BOLD EAGLE DR MARCO ISLAND FL 34145</b>				Name <b>Jamie Gruessel</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>1104 N. Collier Blvd</b>			
				City & State <b>Marco Island FL 34145</b>			

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 *[Signature]* **Jamie B Gruessel** DATE **4/17/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</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 <b>PD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MURPHY, DANIEL</b>		NAME	
STREET ADDRESS <b>910 PANAMA CRT #402</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MARCO ISLAND FL 34145</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>D.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HOROWITZ, BEN</b>		NAME <b>Ulmer Georgette</b>	
STREET ADDRESS <b>910 PANAMA CT # 201</b>		STREET ADDRESS <b>910 Panama Ct #401</b>	
CITY-ST-ZIP <b>MARCO ISLAND FL 34145</b>		CITY-ST-ZIP <b>marco Island, FL 34145</b>	
TITLE <b>DVST</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WEGNER, MARLENE</b>		NAME	
STREET ADDRESS <b>910 PANAMA CT #501</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MARCO ISLAND FL</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]* **4-26-03**

CR2E037 (10/02)