

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

06-12-2006 90001 004 ****61.25

DOCUMENT # N95000003465
 1. Entity Name
 STARBOARD POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 1250 W MARION AVENUE
 PUNTA GORDA, FL 33950 US

Mailing Address
 100 SULLIVAN ST
 STE 112
 PUNTA GORDA, FL 33950

DO NOT WRITE IN THIS SPACE

40000100



03122006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0605596	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GREENE, JOAN
 100 SULLIVAN ST STE 112
 PUNTA GORDA, FL 33950

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WATSON, ROBERT 1250 W MARION AVE #131 PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GREGORY, JOE 1250 W MARION AVE #332 PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ATCHAMBREAU, GERALD 1250 W MARION AVE #121 PUNTA GORDA, FL 33952
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Robert Watson 03/15/06 (941) 505-7411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #