


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000006783**  
1. Entity Name  
**SAILBOAT SQUARE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**442 GULF OF MEXICO DR**      **442 GULF OF MEXICO DR**  
**LONGBOAT KEY, FL 34228 US**      **LONGBOAT KEY, FL 34228 US**

**DO NOT WRITE IN THIS SPACE**



06302005 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
**65-0886806**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**MASHBURN, MARK**  
**442 GULF OF MEXICO DR.**  
**LONGBOAT KEY, FL 34228**

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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 \_\_\_\_\_ 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 September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASHBURN, MARK 442 GULF OF MEXICO DR. LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NOLMES, THOMAS R 444 GULF OF MEXICO DR. LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAUNDERS, MICHAEL 440 GULF OF MEXICO DR LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000372498  
07/13/05-80003-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_ **7/6/05** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #