


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # N98000007188</b>  |  |
| 1. Entity Name<br><b>SCIBC NORTH LAND CONDOMINIUM ASSOCIATION, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>231 S NOKOMIS AVE<br/>         #A<br/>         VENICE FL 34285</b> | Mailing Address<br><b>231 S NOKOMIS AVE<br/>         #A<br/>         VENICE FL 34285</b> |
|--|--|



MOORE CR2E037 (11/03)

|  |  |
|--|--|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country |
|--|--|

|                                    |   |  |
|------------------------------------|---|--|
| 4. FEI Number<br><b>65-0888856</b> | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
|------------------------------------|---|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>STRAMMER, ERIC E<br/>         231 S NOKOMIS AVE<br/>         SUITE A<br/>         VENICE FL 34285</b> |  |
|---|--|

|  |                    |
|--|--------------------|
| 7. Name and Address of New Registered Agent        |                    |
| Name   |                    |
| Street Address (P.O. Box Number is Not Acceptable) |                    |
| City   | <b>FL</b> 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)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

|  |                                    |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|--|------------------------------------|

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D</b><br>KOCH, CHARLES E<br>436 BAYSHORE DRIVE<br>VENICE FL 34285 <input type="checkbox"/> Delete        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DVS</b><br>SMETTS, ROBERT<br>101 POND CYPRESS ROAD<br>VENICE FL 34292 <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>T</b><br>STRAMMER, ERIC E<br>231 S NOKOMIS AVE, STE A<br>VENICE FL 34285 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DP</b><br>HARRISON, BYRON<br>1482 KEYWAY ROAD<br>ENGLEWOOD FL 34223 <input type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>02/11/04-80082-012 61.25 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Eric E. Strammer, Treasurer **2/9/04** **941-480-0114**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #