


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90062 030 ****61.25

DOCUMENT # N98000007188

1. Entity Name
SCIBC NORTH LAND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 231 S NOKOMIS AVE #A VENICE FL 34285	Mailing Address 231 S NOKOMIS AVE #A VENICE FL 34285
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
~~STRAMMER, ERIC E~~
~~231 S NOKOMIS AVE~~
~~SUITE A~~
~~VENICE FL 34285~~

7. Name and Address of New Registered Agent
 Name: **RICHARDSON KLEIBER WALTER**
THE RICHARDSON GROUP, LLC
 Street Address (P.O. Box Number is Not Acceptable):
2055 WOOD STREET SUITE 202
 City: **SARASOTA** FL Zip Code: **34237**

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]* as Property manager DATE: **4-20-05**

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, 2005

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

Make Check Payable to Florida Department of State

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: ROBERT SMETTS STREET ADDRESS: 101 POND CYPRESS ROAD CITY-ST-ZIP: VENICE, FL 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPSA NAME: JODI ALEXANDER STREET ADDRESS: 125 CORPORATION WAY STE. C CITY-ST-ZIP: VENICE, FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: JOHN TIMONEY STREET ADDRESS: 301 SAND PINE BLVD. CITY-ST-ZIP: VENICE, FL 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: 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: *[Signature]* DATE: **4-22-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #