


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90109 014 ****61.25

DOCUMENT # N36643

1. Entity Name
SAN MARINO IN PELICAN BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**6900 PELICAN BAY BOULEVARD
NAPLES, FL 34108**

Mailing Address
**6900 PELICAN BAY BOULEVARD
NAPLES, FL 34108**

24044637



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

**Mailing Address:
C/O Southwest Property Mgmt.
1044 Castello Drive #206
Naples, FL 34103 USA**

03222004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0235584

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SOUTHWEST PROPERTY MANAGEMENT CORP.
1044 CASTELLO DR.
SUITE 206
NAPLES, FL 34103**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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)

Filing Fee is \$61.25
Due by May 1, 2004

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	<input type="checkbox"/> Delete
NAME	LANDERS, CLIFF	
STREET ADDRESS	6865 SAN MARINO DR #305	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	D	<input type="checkbox"/> Delete
NAME	SKOLNICK, ROBERT	
STREET ADDRESS	6820 SAN MARINO DR #601	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MACDOUGALL, JOE	
STREET ADDRESS	6820 SAN MARINO DR #608	
CITY-ST-ZIP	NAPLES, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HALL, TED	
STREET ADDRESS	6820 SAN MARINO #605	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKEE, JIM	
STREET ADDRESS	6865 SAN MARINO DR. #307	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BLACKBURN, KATHY	
STREET ADDRESS	6865 SAN MARINO DR. #801	
CITY-ST-ZIP	NAPLES, FL 34108	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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]* **4/2/04** **239-597-6029**

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