


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90103 044 ****61.25

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|--|--------------------------|--|---|---|--|
| 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 %SOUTHWEST PROPERTY MGMT. 1044 CASTELLO DRIVE #206 NAPLES, FL 34103 US | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 03242005 Chg-NP CR2E037 (10/03) | |
| 4. FEI Number 65-0235584 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SOUTHWEST PROPERTY MANAGEMENT CORP. 1044 CASTELLO DR. SUITE 206 NAPLES, FL 34103 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | (SD) | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LANDERS, CLIFF | | NAME | | |
| STREET ADDRESS | 6865 SAN MARINO DR #305 | | STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES, FL 34108 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | (TD) | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SKOLNICK, ROBERT | | NAME | | |
| STREET ADDRESS | 6820 SAN MARINO DR #601 | | STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES, FL 34108 | | CITY-ST-ZIP | | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MACDOUGALL, JOE | | NAME | | |
| STREET ADDRESS | 6820 SAN MARINO DR #60R | | STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES, FL | | CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HALL, TED | | NAME | | |
| STREET ADDRESS | 6820 SAN MARINO #605 | | STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES, FL 34108 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCKEE, JIM | | NAME | | |
| STREET ADDRESS | 6865 SAN MARINO DR. #307 | | STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES, FL 34108 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLACKBURN, KATHY | | NAME | | |
| STREET ADDRESS | 6865 SAN MARINO DR. #801 | | STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES, FL 34108 | | 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: <i>Ted Hall</i> | | | Date _____ Daytime Phone # _____ | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |