

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90028 010 ****61.25

DOCUMENT # N97000005558					
1. Entity Name THE RESIDENCES AT GONDOLA PARK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2477 STICKNEY POINT 118A SARASOTA, FL 34231			Mailing Address 153 CENTER RD VENICE, FL 34285		
2. Principal Place of Business 181 CENTER ROAD Suite, Apt. #, etc.		3. Mailing Address 181 Center Rd Suite, Apt. #, etc.			
City & State Venice FL		City & State Venice FL			
Zip 34285		Country U.S.		Zip 34285	
Country U.S.		4. FEI Number 65-0874540			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARGUS MANAGEMENT OF VENICE, INC. 153 CENTER ROAD VENICE, FL 34285			7. Name and Address of New Registered Agent Name: Argus Mgmt of Venice Street Address (P.O. Box Number is Not Acceptable): 181 Center Road City: Venice FL Zip: 34285		
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: <i>Barbara J. [Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 S NAME MENDOLA, RICHARD STREET ADDRESS 1202 GONDOLA DR CITY-ST-ZIP VENICE, FL 34292	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME COLVERT, DAVID STREET ADDRESS 601 GONDOLA PARK DRIVE CITY-ST-ZIP VENICE, FL 34292	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME RABALAIS, RUTH STREET ADDRESS 1106 GONDOLA PARK DRIVE CITY-ST-ZIP VENICE, FL 34292	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME KING, ELLEN STREET ADDRESS 605 GANDOLA PK DR CITY-ST-ZIP VENICE, FL 34292	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME GRANT, DON STREET ADDRESS 407 GOANDOLA PK DR CITY-ST-ZIP VENICE, FL 34292	<input type="checkbox"/> Delete		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"/> Delete		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 exemptions contained in Chapter 119, 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>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	

pd 2/7/06
Reb