

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36643

FILED
Apr 13, 2006
Secretary of State

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

Current Principal Place of Business:

6900 PELICAN BAY BOULEVARD
NAPLES, FL 34108

New Principal Place of Business:

1044 CASTELLO DRIVE
SUITE 206
NAPLES, FL 34103 US

Current Mailing Address:

%SOUTHWEST PROPERTY MGMT.
1044 CASTELLO DRIVE #206
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 65-0235584 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: LANDERS, CLIFF
Address: 6865 SAN MARINO DR #305
City-St-Zip: NAPLES, FL 34108

Title: TD () Delete
Name: SKOLNICK, ROBERT
Address: 6820 SAN MARINO DR #601
City-St-Zip: NAPLES, FL 34108

Title: PD () Delete
Name: HALL, TED
Address: 6820 SAN MARINO #605
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: MCKEE, JIM
Address: 6865 SAN MARINO DR. #307
City-St-Zip: NAPLES, FL 34108

Title: VD (X) Delete
Name: BLACKBURN, KATHY
Address: 6865 SAN MARINO DR. #801
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: BLACKBURN, KATHY
Address: 6835 SAN MARINO DRIVE, #801
City-St-Zip: NAPLES, FL 34108

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY BLACKBURN

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04/13/2006

Electronic Signature of Signing Officer or Director

_____ Date