


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90178 008 \*\*\*\*61.25

<b>DOCUMENT # 751578</b> 1. Entity Name <b>S.L. CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>4920 FRUITVILLE RD SARASOTA FL 34232</b>			Mailing Address <b>4920 FRUITVILLE RD SARASOTA FL 34232</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2093484</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>MA-CON INC, WARREN WEIL 4920 FRUITVILLE RD SARASOTA FL 34232</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMPSON, BILL 309 SPRING LAKES BLVD BRADENTON FL 34210		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GIBSON, RODERICK 311 Spring Lakes Blvd Bradenton, FL 34210	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BURNS, FREDERICK 306 SPRING LAKES BLVD BRADENTON FL 34210		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MASUR, KATHLEEN 302 SPRING LAKES BLVD. BRADENTON FL 34203		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MARVIN, LYNN 300 SPRING LAKES BLVD BRADENTON FL 34210		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NOVAK, JOANNE 313 SPRING LAKES BLVD BRADENTON FL 34210		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD [Change] [Addition]	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Change] [Addition]	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Kathleen Masur* **Kathleen Masur** **4-9-07** **941-343-1002**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #