


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State


05-03-2007 90054 028 ****61.25

DOCUMENT # 717410	
1. Entity Name ST. ARMANDS TOWERS NORTH ASSOCIATION, INC.	

Principal Place of Business 1 BENJAMIN FRANKLIN DRIVE SARASOTA, FL 34236	Mailing Address 1 BENJAMIN FRANKLIN DRIVE SARASOTA, FL 34236
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40100000



05012007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1310674	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
BETH CALLANS MANAGEMENT CORP. 595 BAY ISLES RD. STE 200 LONGBOAT KEY, FL 34228	

7. Name and Address of New Registered Agent	
Name ARGUS PROPERTY MANAGEMENT INC	
Street Address (P.O. Box Number is Not Acceptable) 2477 STICKNEY POINT RD	
SUITE 118 A	
City SARASOTA	FL Zip Code 34231

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRONICK, JOSEPH 446 MORRISON AVENUE MONTREAL QUEBECK CANADA H3A1L1, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD 19 UP NUGENT, LAWRENCE ONE BEN FRANKLIN DRIVE, #45 SARASOTA, FL 34236 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TRES MORTON, EDWARD 1 BEN FRANKLIN DR #42 SARASOTA, FL 34236 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SYLVANA, NANDIN 549 CUTTER LN LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VD LARIDERI, NICHOLAS 1 BEN FRANKLIN DR, SUITE 106 SARASOTA, FL 34236 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM LEITZEN, THOMAS ONE BEN FRANKLIN DR #41 SARASOTA, FL 34236 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BARBARA O'NEIL ONE BEN FRANKLIN DR #52 SARASOTA, FL 34236 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID WEBSTER PO BOX 1109 NANTUCKET ISLAND, MA 02554 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAUL DAMONE 114 MASSACHUSETTS DR MASSAPEQUA, NY 11758 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: JOSEPH KRONICK **5-1-07** **NYA**

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