

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 11, 2007
Secretary of State**

DOCUMENT# 725274

Entity Name: THE SENTINEL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 812
812 VENICE FL.
VENICE, FL 34284

New Principal Place of Business:

400 BASE AVE E #226
VENICE, FL 34285

Current Mailing Address:

P O BOX 812
812 VENICE FL.
VENICE, FL 34284

New Mailing Address:

P O BOX 812
812 VENICE FL
VENICE, FL 34284

FEI Number: 59-1485438 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MASON, DONALD
400 BASE AVE
226
VENICE, FL 34285 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: D () Delete
Name: PRIDEMORE, TERRY
Address: 5866 HARRISON RD
City-St-Zip: VENICE, FL 34293

Title: D () Delete
Name: LOVEMAN, EDITH
Address: 460 BASE AVE E #123
City-St-Zip: VENICE, FL

Title: VP () Delete
Name: RUBIS, LINDA
Address: 460 BASE AVE.
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: PRIDEMORE, SANDRA
Address: 5866 HARRISON RD
City-St-Zip: VENICE, FL 34293

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

Title: D (X) Change () Addition
Name: RUBIS, LINDA
Address: 460 BASE AVE.
City-St-Zip: VENICE, FL 34285

I hereby certify that the information supplied with this filing does not qualify 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: SANDRA PRIDEMORE

VP

07/11/2007

Electronic Signature of Signing Officer or Director

_____ Date