2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727599

FILED Mar 03, 2005 Secretary of State

Entity Name: EL PRESIDENTE CONDOMINIUM APARTMENTS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 6326 MIDNIGHT PASS ROAD SARASOTA, FL 34242 **Current Mailing Address: New Mailing Address:** 6326 MIDNIGHT PASS ROAD SARASOTA, FL 34242 FEI Number: 59-1590731 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCKAY, TELESE B ESQ. EDWARDS, KEVIN L MCKAY LAW FIRM, P.A. 630 SOUTH ORANGE AVENUE 2055 WOOD ST STE 120 3RD FLOOR SARASOTA, FL 34236 US SARASOTA, FL 34237 US 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: KEVIN L. EDWARDS 03/03/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition STOFAN, GEORGE VP Name: Name: P O BOX 2459 Address: Address: City-St-Zip: JOLIET, IL 60434 City-St-Zip: Title: Title: () Delete () Change () Addition COLONNA, DOMINIC PRESIDE Name: Name: Address: W 290 S 4827 PARK LANE WEST Address: City-St-Zip: WAUKESHA, WI 53188 City-St-Zip: Title: () Delete Title: () Change () Addition SALAMEY, LARRY VP Name: Name: 110 SCHOOLHOUSE RD. Address: Address: City-St-Zip: UTICA, NY 13502 City-St-Zip: Title: SD () Delete Title: TD (X) Change () Addition ADELMANN, PHYLLIS SECRETA Name: Name: ADELMANN, PHYLLIS SECRETA 13719 COTTONWOOD LANE 13719 COTTONWOOD LANE Address: Address: City-St-Zip: PLAINFIELD, IL 60544 City-St-Zip: PLAINFIELD, IL 60544 Title: () Delete Title: (X) Change () Addition GAMMELLO, JAMES M TREASUR GAMMELLO, JAMES M TREASUR Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: PHYLLIS ADELMANN ST 03/03/2005

28859 RANCHETTE DRIVE

PEQUOT LAKES, MN 56472

Address:

City-St-Zip:

28859 RANCHETTE DRIVE

PEQUOT LAKES, MN 56472