

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735083

FILED
Jan 09, 2004
Secretary of State

Entity Name: BLIND PASS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5117 SEA BELL RD
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

12650 WHITEHALL DR.
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 59-1740802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENSON, MARK R
12650 WHITEHALL DR.
FORT MYERS, FL 33907 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: CALAMINICI, JOSEPH C
Address: 5117 SEA BELL ROAD, #E201
City-St-Zip: SANIBEL, FL 33957

Title: TD () Delete
Name: MASUKA, JOHN
Address: 5117 SEA BELL ROAD, #G-202
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: JOE SCHNEIDLER,
Address: 1860 N. CO. RD 525E
City-St-Zip: LOGONSPORT, IN

Title: SD () Delete
Name: DISLER, DARREN
Address: 2238 S NILE CT
City-St-Zip: AURORA, CO 80014

Title: P () Delete
Name: DISLER, MICHAEL
Address: 329 SOUTH COMMERCE
City-St-Zip: SEBRING, FL 33870

Title: VD () Delete
Name: EGAN, DICK
Address: 8 SAGAMORE
City-St-Zip: WEST YARMOUTH, MA 02673

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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.

SIGNATURE: MICHAEL DISLER

PRES

01/09/2004

Electronic Signature of Signing Officer or Director

Date