## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 11, 2008 8:00 am Secretary of State

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1. Entity Nam	ne	739305 CONDOMINIUM	I ASSOC	IATION, INC			/ · ·	02-11-200	90064	038 ****6	51.25
1500 PARK BEACH CIRCLE C/V			C/O ST/ 6025 T	Mailing Address C/O STAR HOSPITALITY 6025 TAYLOR RD #2 PUNTA GORDA, FL 33950 US				44 (			
2. Principal Place of Business - No P.O. Box # 3.			3. Mailing	3. Mailing Address							
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.			01112008	Chg-NP	CR2E0	37 (12/06)	
City & Stat	te		City	& State	•	4. FEI Number 25-1336219			<u> </u>	oplied For ot Applicable	
Zip		Country	Zip		Country		5. Certificate	of Status Desired		-\$8.75 -rik Fee Require	
	6. Name an	nd Address of Current	Registered	Agent			7. Name and	Address of New	Registered	Agent	
STAR HOSPITALITY MGMT 6025 TAYLOR RD #2					Name Street Address (P.O. Box Number			r is Not Acceptat	ble)		
PUNTA GO	ORDA, FL 3	3950			<u> </u>						
					City		** * **		FL	Zip Cod	le
9. The shows									<b></b>		
		ubmits this statement fo	r the purpos	e of changing its r	egistered office o	or register	ed agent, or boti	n, in the State of F	Florida. I am		and accept
	a named entity si tions of registere		r the purpos	e of changing its r	registered office of	or register	ed agent, or both	n, in the State of F	Florida. I am		and accept
	tions of registere				registered office o			n, in the State of I	Florida. I am		and accept
the obligat	tions of registere	ed agent.  printed name of registered agent.  1s \$61.25			Registered Agent signs			ə	DATE		o
the obligat	Signature, typed or p	ed agent.  printed name of registered agent.  is \$61.25 y 1, 2008	and title if applica	able. (NOTE:	Registered Agent signs paign Financing ontribution.	ture required	when reinstating) \$5.00 May Br Added to Fees	e Fic	DATE Make chec orida Depa	n familiar with,	o tate
the obligated SIGNATURE 10.	Signature, typed or p Filling Fee ii Due by Ma	ed agent.  printed name of registered agent.  1s \$61.25	and title if applica	9. Election Cam Trust Fund Co	Registered Agent signs ipaign Financing ontribution.  11.	ture required	\$5.00 May Be Added to Fees	ə	DATE Make chec orida Depa	k payable t	tate
the obligat	Signature, typed or p Filling Fee i Due by May	printed name of registered agent. is \$61.25 y 1, 2008 OFFICERS AND DIF	and title if applica	able. (NOTE:	Registered Agent signal paign Financing ontribution.  11.  TITLE	PRE	\$5.00 May Be Added to Fees ADDITIONS/CHASING	Fitch	Make checorida Depa	n familiar with,	o tate
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12. I hereby certify that the information supplied with this liling 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 a courage 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 impowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

PUNTA GORDA, FL 33950

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-06-206 941-575-6764

Date Dayime Phone #