


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90046 028 ****61.25

DOCUMENT # 741471 1. Entity Name POWELL AND YANSON BUILDING CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 550 FIFTH AVENUE SOUTH NAPLES, FL 33940-6614	Mailing Address % COLONIAL SQUARE PROPERTY P.O. BOX 10608 NAPLES, FL 34101
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94060523



02262004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1826920	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

**POWERS, JILL FISHER ESQ
300 S PARK PLACE BLVD # 150
CLEARWATER, FL 33159**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD YANSON, OSCAR F. 20 MOORINGS PARK D. APT E-301 NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD COPE, RICHARD W 2912 CHANCERY LANE CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OLSON, CLIFFORD D 1164 GOODLETTE RD. N. NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-04
Date

Daytime Phone #