


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90037 003 ****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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DO NOT WRITE IN THIS SPACE

03192008 No Chg-NP CR2E037 (4/06)

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
 1188 MANDALAY POINT
 CLEARWATER BEACH, FL 33767**

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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 1188 MANDALAY POINT CLEARWATER BEACH, FL 33767
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 exemptions contained 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 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:  **Clifford Olson** Date: **4/4/08** Daytime Phone #: **239-261-2627**