
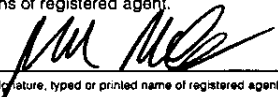
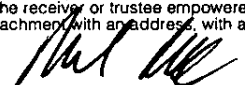


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90045 008 \*\*\*\*61.25

<b>DOCUMENT # 745362</b> 1. Entity Name <b>THE BLUE GULF CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>2949 W GULF</b> <b>SANIBEL, FL 33957 US</b>		Mailing Address <b>PO BOX 100</b> <b>SANIBEL, FL 33957 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 190</b> Suite, Apt. #, etc.	
City & State <b>Sanibel, FL</b>		4. FEI Number <b>59-1875087</b>	
Zip <b>33957</b>		Country <b>US</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MACKESY, STEVE</b> <b>711 TARPON BAY RD</b> <b>STE D</b> <b>SANIBEL, FL 33957</b>		7. Name and Address of New Registered Agent Name <b>Stroemer Tuscan + Company</b> Street Address (P.O. Box Number is Not Acceptable) <b>8961 Conference Dr. Ste. #2</b> City <b>Fort Myers</b> <b>FL</b> <b>33919</b>	
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  <b>Michael Miller, Asst. Treasurer 2/15/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	ST ANTENBRING, JOY 2949 W GULF #201 SANIBEL, FL 33957	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	D ZIMMERMAN, BILL 20 W MARKET ST YORK, PA	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	D ADDISON, TOM 708 WATEREDGE RACINE, WI	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	D ANTENTRIUS, ROBERT 2949 W. GULF #201 SANIBEL, FL 33957	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	VD ELVY, JAMES CINDER HILL MAYFIELD, SU	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		NAME	<b>Asst. Treasurer</b>
STREET ADDRESS		STREET ADDRESS	<b>Michael Miller</b>
CITY - ST - ZIP		CITY - ST - ZIP	<b>8961 Conference Dr., Ste #2</b> <b>Fort Myers, FL 33919</b>
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:  <b>Michael Miller Asst. Treasurer 2/15/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			