

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90115 045 \*\*\*\*61.25

**DOCUMENT # 745751**

1. Entity Name  
ISLA DEL CAPRI ADULT CONDOMINIUM ASSOCIATION,  
INC.



Principal Place of Business  
11655 3RD ST E  
TREASURE ISLAND, FL 33706 US

Mailing Address  
250 104TH AVE  
TREASURE ISLAND, FL 33706 US

**50014430**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

04112006 Chg-NP CR2E037 (11/05)

City & State  
Zip Country

4. FEI Number  
59-1941148

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LAMONT, SUE  
250 104TH AVE  
TREASURE ISLAND, FL 33706

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE STD ☐ Delete  
NAME PULIS, LENA ABELA  
STREET ADDRESS 5 KENNETH AVE, # 205  
CITY-ST-ZIP N YORK, ONTARIO, CANADA, m2n 6m7

TITLE D ☒ Delete  
NAME SCANLON, CASSIE  
STREET ADDRESS 2207 CHARLEMAGNE CIR.  
CITY-ST-ZIP PITTSBURGH, PA 15237

TITLE VD ☐ Delete  
NAME GRAMLICH, EVA  
STREET ADDRESS 11655 3RD ST E  
CITY-ST-ZIP TREASURE ISLAND, FL 33706

TITLE PD ☒ Delete  
NAME BRAY, RICHARD  
STREET ADDRESS 11655 3RD ST E, # 5  
CITY-ST-ZIP TREASURE ISLAND, FL 33706

TITLE D ☐ Delete  
NAME GOTTSCHALL, DAVID  
STREET ADDRESS 11655 3RD ST E, # 7  
CITY-ST-ZIP TREASURE ISLAND, FL 33706

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME SEANNIE CLGLE HEART  
STREET ADDRESS 1135 PASADENA AVE -  
CITY-ST-ZIP ST. PETERSBURG, FL 33707

TITLE PD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition  
NAME WALTER DOMINICK  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** Eva Gramlich  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-06

Date Daytime Phone #