

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90050 016 ****61.25

DOCUMENT # 748747 1. Entity Name SILVER KING CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 950 PALM AVENUE PO BOX 153 BOCA GRANDE, FL 33921			Mailing Address 950 PALM AVENUE PO BOX 153 BOCA GRANDE, FL 33921		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2061607	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WOODIE PEAVLER Woodie Peavler 950 PALM AVE BOCA GRANDE, FL 33921			7. Name and Address of New Registered Agent Name Woodie Peavler Street Address (P.O. Box Number Is Not Acceptable) 950 Palm Avenue City Boca Grande FL Zip Code 33921		
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 <i>Woodie Peavler, Sect.</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 3-14-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KUNDTZ, PATRICIA 950 PALM AVENUE BOCA GRANDE, FL 33921	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Kundtz, Ewald 950 Palm Avenue Boca Grande, FL 33921	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FUGATE, MARGARET 950 PALM AVENUE BOCA GRANDE, FL 33921	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director David Irwin 950 Palm Avenue Boca Grande, FL 33921	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEAVLER, WOODIE 950 PALM AVE BOCA GRANDE, FL 33921	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Peavler, Woodie 950 Palm Avenue Boca Grande, FL 33921	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SORRELL, JOHN 950 PALM AVE BOCA GRANDE, FL 33921	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sorrell, John 950 Palm Avenue Boca Grande, FL 33921	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBINETTE, JOSEPH 950 PALM BAY COLEMAN, FL 33521	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Robinette, Joseph 950 Palm Avenue Boca Grande, FL 33921	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for additional officers/directors)				
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: <i>Woodie Peavler, Sect.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 3-14-05 Daytime Phone # 941-964-0150	