


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90002 015 ****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 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WOODIE, PEAVLER 950 PALM AVE BOCA GRANDE, FL 33921 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | TD | <input type="checkbox"/> Delete | TITLE | Secretary = S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KUNDTZ, EWALD | | NAME | | |
| STREET ADDRESS | 950 PALM AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA GRANDE, FL 33921 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | Vice President = VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | IRWIN, DAVID | | NAME | | |
| STREET ADDRESS | 950 PALM AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA GRANDE, FL 33921 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | President = P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PEAVLER, WOODIE | | NAME | Woodie Peavler | |
| STREET ADDRESS | 950 PALM AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA GRANDE, FL 33921 | | CITY-ST-ZIP | | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | Treasurer = T. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | SORRELL, JOHN | | NAME | Allan Barberio | |
| STREET ADDRESS | 950 PALM AVE | | STREET ADDRESS | 950 Palm Ave | |
| CITY-ST-ZIP | BOCA GRANDE, FL 33921 | | CITY-ST-ZIP | Boca Grande, FL 33921 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete | TITLE | Director = D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | ROBINETTE, JOSEPH | | NAME | Rainer Blomster | |
| STREET ADDRESS | 950 PALM BAY | | STREET ADDRESS | 950 Palm Ave | |
| CITY-ST-ZIP | BOCA GRANDE, FL 33921 | | CITY-ST-ZIP | Boca Grande, FL 33921 | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: X <i>Woodie Peavler</i> | | | 3/11/04 <i>859-798-9180</i> Date Daytime Phone # | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |