

**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	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WOODIE, PEAVLER 950 PALM AVE BOCA GRANDE, FL 33921				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 _____ DATE _____ <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 NAME STREET ADDRESS CITY-ST-ZIP	TD KUNDTZ, EWALD 950 PALM AVENUE BOCA GRANDE, FL 33921	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary = S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRWIN, DAVID 950 PALM AVENUE BOCA GRANDE, FL 33921	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President = VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	President = P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Woodie Peavler	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SORRELL, JOHN 950 PALM AVE BOCA GRANDE, FL 33921	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer = T. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Allan Barbiero 950 Palm Ave Boca Grande, FL 33921	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBINETTE, JOSEPH 950 PALM BAY BOCA GRANDE, FL 33921	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director = D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rainer Blomster 950 Palm Ave Boca Grande, FL 33921	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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: <i>X</i> <i>Woodie Peavler</i>		Date: <i>3/11/04</i>		Daytime Phone #: <i>859-798-9180</i> <i>941-964-0150</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					