

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90016 028 \*\*\*\*61.25

<b>DOCUMENT # 754573</b> 1. Entity Name <b>STEAMBOAT BEND EAST CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O BENSON'S, INC</b> <b>12650 WHITEHALL DR</b> <b>FORT MYERS, FL 33907 US</b>			Mailing Address <b>C/O BENSON'S, INC</b> <b>12650 WHITEHALL DR</b> <b>FORT MYERS, FL 33907 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>59-2064881</b> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BENSON, MARK R</b> <b>C/O BENSON'S, INC.</b> <b>12650 WHITEHALL DR</b> <b>FORT MYERS, FL 33907</b>				7. Name and Address of New Registered Agent Name <b>VANDALL, BONITA D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>12650 WHITEHALL DR</b> City <b>FORT MYERS</b> <b>FL</b> Zip Code <b>33907</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 <u><i>Bonita D. Vandall</i></u> <b>BONITA D. VANDALL</b> <b>3-5-07</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, 2007</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</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAENGER, WILSON 4120 STEAMBOAT BEND EAST #102 FT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKAY, CLIFFORD 4160 STEAMBOAT BEND EAST # 106 FORT MYERS, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOVE, ROERT 4100 STEAMBOAT BEND EAST #303 FT MYERS, FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SKNDS, KENNETH # 4149 STEAMBOAT BEND EAST # 303 FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SANDS, KENNETH 4149 STEAMBOAT BEND EAST #303 FT MYERS, FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PATERSON, WILLIAM 4160 STEAMBOAT BEND EAST #301 FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATERSON, WILLIAM 4160 STEAMBOAT BEND EAST #301 FT. MYERS, FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURPHY, RILEY 4160 STEAMBOAT BEND EAST #502 FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, MURPHY 4160 STEAMBOAT BEND EAST #502 FT MYERS, FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURPHY, RILEY 4160 STEAMBOAT BEND EAST #502 FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGESS, HARRY 4140 STEAMBOAT BEND EAST #304 FORT MYERS, FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURPHY, RILEY 4160 STEAMBOAT BEND EAST #502 FORT MYERS, FL 33919	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <u><i>Riley H. Murphy</i></u> <b>RILEY H. MURPHY</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>3-6-07</b> <small>Date Daytime Phone #</small>	