

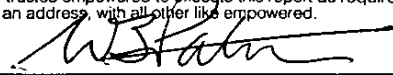


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90003 010 \*\*\*\*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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>VANDALL, BONITA D</b> <b>12650 WHITEHALL DR</b> <b>FORT MYERS, FL 33907</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <span style="float: right;"><b>FL</b></span> 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 reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MCKAY, CLIFFORD</b> <b>4160 STEAMBOAT BEND E #106</b> <b>FT MYERS, FL 33919</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>YD</b> <b>MCKAY, CLIFFORD</b> <b>4160 STEAMBOAT BEND EAST #106</b> <b>FORT MYERS, FL 33919</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>LOVE, ROERT</b> <b>4100 STEAMBOAT BEND EAST #303</b> <b>FT MYERS, FL 33919</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>BAUMANN, ALBERT E. JR</b> <b>4120 STEAMBOAT BEND EAST #206</b> <b>FORT MYERS, FL 33919</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SANDS, KENNETH</b> <b>4149 STEAMBOAT BEND EAST #303</b> <b>FT MYERS, FL 33919</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD PD</b> <b>PATERSON, WILLIAM</b> <b>4160 STEAMBOAT BEND EAST #301</b> <b>FT. MYERS, FL 33919</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>PATERSON, WILLIAM</b> <b>4160 STEAMBOAT BEND EAST #301</b> <b>FORT MYERS, FL 33919</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>RILEY, MURPHY</b> <b>4160 STEAMBOAT BEND EAST #502</b> <b>FT MYERS, FL 33919</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BURGESS, HARRY</b> <b>4140 STEAMBOAT BEND EAST #304</b> <b>FORT MYERS, FL 33919</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
<b>SIGNATURE</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					