

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758981

FILED
Feb 21, 2008
Secretary of State

Entity Name: LE SCAMPI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4174 WOODLANDS PKWY
PALM HARBOR, FL 34685

New Principal Place of Business:

Current Mailing Address:

4174 WOODLANDS PKWY
PALM HARBOR, FL 34685

New Mailing Address:

FEI Number: 59-3109095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIRST CHOICE ASSOCIATION MANAGEMENT
4174 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

NOLAN, JAMES
FIRST CHOICE ASSOCIATION MANAGEMENT
4174 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

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.

SIGNATURE: JAMES NOLAN

02/21/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RESTALL, DAVID
Address: 19010 GULF BLVD., 101
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: VPD () Delete
Name: CRUTTENDEN, ARLEN
Address: 4410 ESTRELLA ST.
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: WALTERS, ESTHER
Address: 19010 GULF BLVD., #202
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: D (X) Delete
Name: MEWHIRTER, DONNA
Address: 19010 GULF BLVD., #103
City-St-Zip: TAMPA, FL 33629

Title: TD (X) Delete
Name: DERUZZO, SHERRY
Address: 19010 GULF BLVD., #203
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: SD (X) Delete
Name: SHERMAN, TONI
Address: 7944 JAYWOOD RD, NORTH
City-St-Zip: SEMINOLE, FL 33777

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RESTALL, DAVID
Address: 4174 WOODLANDS PARKWAY
City-St-Zip: PALM HARBOR, FL 34685

Title: TS (X) Change () Addition
Name: CRUTTENDEN, ARLEN
Address: 4174 WOODLANDS PARKWAY
City-St-Zip: PALM HARBOR, FL 34685

Title: VP (X) Change () Addition
Name: WALTERS, ESTHER
Address: 4174 WOODLANDS PARKWAY
City-St-Zip: PALM HARBOR, FL 34685

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES NOLAN

AGEN

02/21/2008

Electronic Signature of Signing Officer or Director

Date