


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 760636 1. Entity Name THE CAN-AM I CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 3629 MINEOLA DRIVE SARASOTA, FL 34239 US	Mailing Address 3629 MINEOLA DRIVE SARASOTA, FL 34239 US
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DO NOT WRITE IN THIS SPACE



02062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2144896	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

**SCOTT, MALCOLM C.
3629 MINEOLA DR.
SARASOTA, FL 34239**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOTT, MALCOLM C. 3629 MINEOLA DR. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCOTT, GERI G. 3629 MINEOLA DR. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, DARIN 2261 INDUSTRIAL BLVD SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/20/09-80092-017 61.25

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IN THIS SPACE**

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:  **GERI SCOTT** **2/7/08** **9413623372**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #