


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90156 040 ****61.25

DOCUMENT # 761284	
1. Entity Name CROWN COLONY SOUTH CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 153 CTR RD VENICE, FL 34285	Mailing Address 153 CENTER RD. VENICE, FL 34285
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40058961



2. Principal Place of Business - No P.O. Box # 181 Center Rd	3. Mailing Address 181 Center Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State Venice, FL	City & State Venice, FL
Zip 34285	Country USA
Zip 34285	Country USA

4. FEI Number 59-2709068	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ARGUS PROPERTY MANAGEMENT 153 CTR RD VENICE, FL 34285	7. Name and Address of New Registered Agent Name: Argus Management of Venice Street Address (P.O. Box Number Not Acceptable): 181 Center Rd City: Venice FL Zip Code: 34285
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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, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARBRELLO, EILEEN 942 CAPRI ISLES BLVD. VENICE, FL 34292 <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	STD SIKORA, GERTRUDE 942 CAPRI ISLES BLV 102B VENICE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CAVINESS JOAN 942 CAPRI ISLES BLVD VENICE FL 34292 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD IVERSON, LYNN 942 CAPRI ISLE BLVD VENICE, FL 34292 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Smith, IRENE 942 Capri Isles Blvd VENICE, FL 34292 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<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	<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.

SIGNATURE: Eileen Carbello Date: 4-10-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #