

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90287 050 \*\*\*\*61.25

**60028038**



01112006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # 762043</b> 1. Entity Name SAYBROOK MANOR CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 251 FENWICK DR. VENICE, FL 34292 US		Mailing Address 810-B PINEBROOK RD VENICE, FL 34285 US	
2. Principal Place of Business 181 Center Rd Suite, Apt. #, etc.		3. Mailing Address 181 Center Rd Suite, Apt. #, etc.	
City & State Venice, FL Zip 34285		City & State Venice, FL Zip 34285	
Country US		Country US	
4. FEI Number 59-2168484		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  CAPRI PROPERTY MGMT. INC 810-B PINEBROOK RD VENICE, FL 34285		7. Name and Address of New Registered Agent Name: Argus Mgmt of Venice Street Address (P.O. Box Number is Not Acceptable) 181 Center Rd City: Venice FL Zip Code: 34285	
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>Vincent R. Campbell</u> <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 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LACHER, STEVEN 251 FEWICK RD VENICE, FL 34285 <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	PD RUSSANO, DONNA 259 FENWICK DR., #35 VENICE, FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS GREEN, DEBBIE 810B PINEBROOK RD VENICE, FL 34285 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS CAMPBELL VINCENT 153 CENTER RD VENICE, FL 34285 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BLAKELY, ALEXIS 251 FENWICK DR., #3 VENICE, FL 34293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input checked="" 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: <u>Alexis Blakely</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/6/06</u> <small>Daytime Phone #</small>	