


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 762104 1. Entity Name SOMBRERO BEACH APARTMENTS CONDOMINIUM, INC.	
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Principal Place of Business 302 SOMBRERO BEACH RD MARATHON, FL 33050 US	Mailing Address ATTN: STEVE BARBOUR 5908 OLD CROOM STATION ROAD UPPER MARLBORO, MD 20772-9509 US
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01212006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2407592	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

**BRUTTO, JOSEPH
11273 SW 244 TERR
HOMESTEAD, FL 33032**

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, 2006	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 BRUTTO, JOSEPH OFFICER 11273 SW 244 TERR HOMESTEAD, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAGLIARDINI, NANCY 302 #3 SOMBRERO RD. MARATHON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BARBOUR, STEVE 302 #1 SOMBRERO RD. MARATHON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/06/06-80031-011 61.25

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: Steve Barbour **STEVE BARBOUR** 1/23/06 301-642-6364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #