


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90015 021 ****61.25

DOCUMENT # 768428

1. Entity Name
PROMENADE CONDOMINIUM OWNERS ASSOCIATION, INC.



Principal Place of Business
 1211 GULF OF MEXICO DR.
 LONGBOAT KEY, FL 34228

Mailing Address
 1211 GULF OF MEXICO DR.
 LONGBOAT KEY, FL 34228

40098170



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07032006 Chg-NP CR2E037 (4/06)

City & State

4. FEI Number
31-1069500

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRAHN, WALTER G PRES.
PROMENADE CONDO.
1211 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228

7. Name and Address of New Registered Agent

Name
JOSEPH CONTORNO PRESIDENT

Street Address (P.O. Box Number is Not Acceptable)
1211 GULF OF MEXICO DRIVE

City
LONGBOAT KEY FL Zip Code
34228

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 8, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES GRAHN, WALTER G PRES. <input checked="" type="checkbox"/> Delete 1211 GULF OF MEXICO DRIVE #611 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T PIASSICK, ALLEN S/T <input checked="" type="checkbox"/> Delete 1211 GULF OF MEXICO DRIVE #410 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR WALSH, BERNARD DIR. <input type="checkbox"/> Delete 1211 GULF OF MEXICO DR, SUITE 904 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR HESS, WALTER DIR <input type="checkbox"/> Delete 1211 GULF OF MEXICO DR #502 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR CONTORNO, JOSEPH DIR <input type="checkbox"/> Delete 1211 GULF OF MEXICO DRIVE #209 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR PERRON, JACQUES DIR <input checked="" type="checkbox"/> Delete 1211 GULF OF MEXICO DRIVE #805 LONGBOAT KEY, FL 34228

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	president <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Joseph Contorno 1211 Gulf of Mexico Dr. #209 Longboat Key, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	vice president <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bernard Walsh 1211 Gulf of Mexico Dr. #904 Longboat Key, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition James Herbert 1211 Gulf of Mexico Br. 103 Longboat Key, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tobia Soriero 1211 Gulf of Mexico Dr. #908 Longboat Key, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tom Gallagher 1211 Gulf of Mexico Dr. #105 Longboat Key, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Howard Fishman 1211 Gulf of Mexico Dr. #102 Longboat Key, FL 34228

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: Joseph Contorno **JOSEPH CONTORNO** 7/3/06 914-714-3131
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #