

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # 768428</b> 1. Entity Name <b>PROMENADE CONDOMINIUM OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 1211 GULF OF MEXICO DR. LONGBOAT KEY, FL 34228			Mailing Address 1211 GULF OF MEXICO DR. LONGBOAT KEY, FL 34228		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>31-1069500</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>GRAHN, WALTER G PRES.          PROMENADE CONDO.          1211 GULF OF MEXICO DRIVE          LONGBOAT KEY, FL 34228</b>				7. Name and Address of New Registered Agent  Name <b>JOSEPH CONTORNO</b> <b>PRESIDENT</b> Street Address (P.O. Box Number is Not Acceptable) <b>1211 GULF OF MEXICO DRIVE</b>  City <b>LONGBOAT KEY</b> <b>FL</b> Zip Code <b>34228</b>	
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 _____ <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</b> <b>Due by September 8, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to          Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES GRAHN, WALTER G PRES. 1211 GULF OF MEXICO DRIVE #611 LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	president Joseph Contorno 1211 Gulf of Mexico Dr. #209 Longboat Key, FL 34228	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T PIASSICK, ALLEN S/T 1211 GULF OF MEXICO DRIVE #410 LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	vice president Bernard Walsh 1211 Gulf of Mexico Dr. #904 Longboat Key, FL 34228	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR WALSH, BERNARD DIR. 1211 GULF OF MEXICO DR, SUITE 904 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer James Herbert 1211 Gulf of Mexico Br. 103 Longboat Key, FL 34228	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR HESS, WALTER DIR 1211 GULF OF MEXICO DR #502 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Tobia Soriero 1211 Gulf of Mexico Dr. #908 Longboat Key, FL 34228	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR CONTORNO, JOSEPH DIR 1211 GULF OF MEXICO DRIVE #209 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Tom Gallagher 1211 Gulf of Mexico Dr. #105 Longboat Key, FL 34228	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR PERRON, JACQUES DIR 1211 GULF OF MEXICO DRIVE #805 LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Howard Fishman 1211 Gulf of Mexico Dr. #102 Longboat Key, FL 34228	<input type="checkbox"/> Change <input checked="" 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.					
<b>SIGNATURE:</b> <i>Joseph Contorno</i> <b>JOSEPH CONTORNO</b>			<b>7/3/06</b> <b>914-714-3131</b> <small>Date Daytime Phone</small>		