

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90134 028 ****61.25

DOCUMENT # N02000000227 1. Entity Name SOUTH CORAL PALMS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1081 S.E. 38TH STREET SUITE 103 CAPE CORAL, FL 33904				Mailing Address 1081 S.E. 38TH STREET SUITE 103 CAPE CORAL, FL 33904	
2. Principal Place of Business 1018 SE 38TH ST Suite, Apt. #, etc. 103		3. Mailing Address 1018 SE 38TH ST Suite, Apt. #, etc. 103			
City & State CAPE CORAL FL		City & State CAPE CORAL FL		4. FEI Number 01-0678616	
Zip 33904		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRUTIS, LINDA L 1018 S.E. 38TH STREET SUITE 103 CAPE CORAL, FL 33904				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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)					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARSICO, JIM 1018 SE 38TH ST. UNIT 104 CAPE CORAL, FL 33904			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRUTIS, LINDA L 1018 SE 38TH ST. #103 CAPE CORAL, FL 33904			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MIKELSON, SUE 1018 SE 38TH ST UNIT 101 CAPE CORAL, FL 33904			<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOSEPH KRUTIS 1018 SE 38TH ST UNIT 103 CAPE CORAL FL 33904			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			<input type="checkbox"/> Delete	
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>Linda L. Krutis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/1/06 239-549-3542 <small>Date Daytime Phone #</small>	