

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90417 010 ****61.25

DOCUMENT # N87-0704843					
1. Entity Name SCP CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1535 2 ST SARASOTA, FL 34236			Mailing Address 12002 MIRAMAR PKWY MIRAMAR, FL 33025 US		
2. Principal Place of Business 740, 752, 756 COMMERCE DR.		3. Mailing Address 2055 WOOD STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State VENICE FL		City & State SARASOTA FL		4. FFI Number 87-0704843	
Zip 34292		Country US		Applied For Not Applicable	
Zip 34237		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOWELL, DAVID 12002 MIRAMAR PKWY MIRAMAR, FL 33025			7. Name and Address of New Registered Agent Name: RENEE RICHARDSON KLING Street Address (P.O. Box Number is Not Acceptable): 2055 WOOD STREET Suite: SUITE 202 City: SARASOTA FL Zip Code: 34237		
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: DATE: 4/4/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
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	DP HOWELL, DAVID M <input checked="" type="checkbox"/> Delete 12002 MIRAMAR PKWY MIRAMAR, FL 33025		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT, DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LARRY ANDERLIE 752 COMMERCE DR. #15 VENICE, FL 34292	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST ZALKIN, HENRY <input checked="" type="checkbox"/> Delete 12002 MIRAMAR PKWY MIRAMAR, FL 33025		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT, DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KIM GONDELA 752 COMMERCE DR. #9 VENICE, FL 34292	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC. TREAS., DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DOUG GONDELA 752 COMMERCE DR. #9 VENICE, FL 34292	
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	
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: DOUGLAS GONDELA 4/5/06 941-375-0262 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					