

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90199 001 \*\*\*\*61.25

|                                                     |                                                                                   |
|-----------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N03000003692</b>                      |  |
| 1. Entity Name<br>SCP CONDOMINIUM ASSOCIATION, INC. |                                                                                   |

|                                                                           |                                                                    |
|---------------------------------------------------------------------------|--------------------------------------------------------------------|
| Principal Place of Business<br>740 752 756 COMMERCE DR<br>VENICE FL 34292 | Mailing Address<br>2055 WOOD ST STE 202<br>SARASOTA FL 34237<br>US |
|---------------------------------------------------------------------------|--------------------------------------------------------------------|



|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |

1st MOORE CR2E037 (10/07)

|                                                           |  |                                |
|-----------------------------------------------------------|--|--------------------------------|
| 4. FEI Number<br>87-0704843                               |  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | \$8.75 Additional Fee Required |

|                                                                                                                             |  |                                                                                                                                  |  |
|-----------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br>RICHARDSON KLING, RENEE<br>2055 WOOD ST STE 202<br>SARASOTA FL 34237 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature is not used when reappointing) DATE \_\_\_\_\_

|                                                        |                                                                                                                 |                                                              |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>DANDERLIE, LUCY<br>752 COMMERCE DR 15<br>VENICE FL 34292 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>DANDERLIE, LUCY<br>752 COMMERCE DR. #15<br>VENICE, FL 34292 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DST<br>GONDELA, DOUG<br>752 COMMERCE DR #9<br>VENICE FL 34292 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>GONDELA, KIM<br>752 COMMERCE DR 9<br>VENICE FL 34292 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>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 Section 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:** \_\_\_\_\_