


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90102 025 ****61.25

DOCUMENT # N03000006510					
1. Entity Name SCOTT STREET CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 223 TAYLOR ST PUNTA GORDA, FL 33950			Mailing Address 100 SULLIVAN ST STE 112 PUNTA GORDA, FL 33950		
2. Principal Place of Business		3. Mailing Address <i>PO Box 380758</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>Murlock, FL</i>		4. FEI Number 20-0131448	
Zip		Country		Applied For Not Applicable	
Zip		Zip <i>33938</i>		Country <i>Charlotte</i>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WOTITZKY, EDWARD L 223 TAYLOR ST PUNTA GORDA, FL 33950			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			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)					
Signature, typed or printed name of registered agent and title if applicable.					
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 PTD	NAME KARLSTEDT, MAGNUS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1492 PULASKI ST	PORT CHARLOTTE, FL 33952		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE D	NAME HANN, KERRY	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1854 COCONUT PALM CIR	NORTH PORT, FL 34288		STREET ADDRESS	<i>PO Hann, Kerry 1854 Coconut Palm Cir North Port, FL 34288</i>	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE D	NAME KLINGENBERG, MARTIN	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1455 BLUE POINT AVE	NAPLES, FL 34102		STREET ADDRESS	<i>STD Klingenberg, Martin 1455 Blue Point Ave Naples, FL 34102</i>	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<i>MD Borgstrom, Carole Destefano 1601 Park Beach Cir #131 Punta Gorda, FL 33950</i>	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>X [Signature]</i>			Date: <i>1/3/06</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					