2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000008117

63 SARASOTA CENTER BLVD CONDOMINIUM ASSOCIATION, INC.



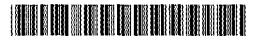
FILED Mar 20, 2006 08:00 AM **Secretary of State**

Principal Place of Business

Mailing Address

31 SARASOTA CENTER BLVD SARASOTA, FL 34240

31 SARASOTA CENTER BLVD SARASOTA, FL 34240



DO NOT WRITE IN THIS SPACE

02172006 No Chg-NP CR2E037 (11/05) 4. FEI Number 57-1186982 Not Apr

5. Certificate of Status Desired

\$8.75 Additions Fee Required

6. Name and Address of Current Registered Agent

SABA, RICHARD D 2033 MAIN STREET STE 303 SARASOTA, FL 34237

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the dions of registered agent.	purpose of changing its registere	d office or r	egistered agent, or both, in the State of	of Florida. I am familiar with, and .
SIGNATURE.					
	Signature, typed or printed name of registered agent and title	n spokeable (NOTE Registered	Agent signatur	e required when rematating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campalgn Finant Trust Fund Contribution.	oing	\$5.00 May Be U000004 Added to Fees 04/05/08-8	75338 0011-016 61.25
10.	OFFICERS AND DIRE	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEPORE, MICHAEL R 31 SARASOTA CENTER BLVD SARASOTA, FL 34240				
TITLE NAME STREET ACORESS CITY-ST-ZIP	DS BANKEMPER, EDWARD L 31 SARASOTA CENTER BLVD SARASOTA, FL 34240				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BANKEMPER, MARIA L 31 SARASOTA CENTER BLVD SARASOTA, FL 34240			DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN THIS	SPACE
TIBLE NAME STREET ADDRESS CITY-ST-ZIP					
THILE					

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 supplied with this 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 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 Blochanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

3.16.06