

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90018 033 ****61.25

DOCUMENT # N04000005221

1. Entity Name
 THE RESORT AT SINGER ISLAND, RESIDENTIAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 24301 WALDEN CENTER DRIVE
 BONITA SPRINGS, FL 34134

Mailing Address
 24301 WALDEN CENTER DRIVE
 BONITA SPRINGS, FL 34134

50004992



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01172006 Chg-NP CR2E037 (11/05)

City & State

City & State

Zip Country Zip Country

4. FEI Number
 20-1371067

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HASTINGS, VIVIEN N
 24301 WALDEN CENTER DRIVE, #300
 BONITA SPRINGS, FL 34134

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) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$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 PD Delete
 NAME DRUMMOND, PAUL B
 STREET ADDRESS 24301 WALDEN CENTER DRIVE, STE. 300
 CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPD Delete
 NAME GRIGGS, STEVEN J
 STREET ADDRESS 24301 WALDEN CENTER DRIVE, STE. 300
 CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE STD Delete
 NAME KOWALIK, ROSANI
 STREET ADDRESS 24301 WALDEN CENTER DRIVE, STE. 300
 CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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:  **STEVEN J. GRIGGS** / 14/06 Date **561-630-4225** Daytime Phone #