

2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jul 18, 2008 8:00 am**  
**Secretary of State**

07-18-2008 90015 008 \*\*\*\*61.25

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<b>DOCUMENT # N04000006023</b> 1. Entity Name <b>SAILORS' COVE CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>1713 BEACH PKWY CAPE CORAL, FL 33904</b>		Mailing Address <b>2101 MT READ BLVD C/O ARENA PRODUCTS ROCHESTER, NY 14615</b>	
2. Principal Place of Business - No P.O. Box <b>1713 Beach Pkwy</b>		3. Mailing Address <b>c/o GPM, Inc</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>1319 Miramar St Suite 101</b>	
City & State <b>Cape Coral FL</b>		City & State <b>Cape Coral FL</b>	
Zip <b>33904</b>	Country <b>USA</b>	4. FEI Number <b>20-2225551</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>AGLES, JAMES 2326 DEL PRADO CAPE CORAL, FL 33990-6628</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>Paola Zunino, C.A.M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>c/o GPM, Inc</b> <b>1319 Miramar St Suite 101</b> City <b>Cape Coral</b> <b>FL</b> Zip Code <b>33904</b>	
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 <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AGLES, JAMES 2326 DEL PRADO BLVD CAPE CORAL, FL 339906628	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition AGLES, JAMES 2326 DEL PRADO BLVD CAPE CORAL, FL 339906628
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARENA, ANTHONY R JR 2101 MT READ BLVD ROCHESTER, NY 14615	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ARENA, ANTHONY R JR 2101 MT READ BLVD ROCHESTER, NY 14615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Delete SWAN, KRIFTING R 331 CAPE CORAL PKWY W UNIT C CAPE CORAL, FL 33914	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasure <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PATRICIA JONES 5720 MORGAN LN PLAINFIELD IN 46168
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: <b>ANTHONY ARENA</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>7/15/08</b> (239) 542-7712 <small>Daytime Phone #</small>	