

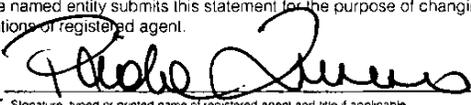
2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

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

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

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