2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000010524



FILED May 01, 2008 8:00 am Secretary of State

SOUT RINGWOOD MEADOW \$22 SARASOTA, FL 34235 SARASOTA, FL 34325 SARASOT		HARBOUR I CONDOMINIUN	ASSOCIATION, IN	c.	05-0	01-2008 90250 001 *	01.23		
2. Principal Place of Business - No P.O. Box # 3. Making Addresses Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O1182008 ChgNP CR2E037 (12/06) City & State Cry & State Cry & State Applied For S2-245 1671 RApplied For Not Applied For Not	5041 RINGWOOD MEADOW #2		5041 RINGWOOD MEADOW #2						
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Country E. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL	sarasota, i	FL 34235	SARASOTA, FL 34235						
City & State Status Desired Status Desired Status Desired State Status Desired State Status Desired State	2. Principal Place of Business - No P.O. Box # 3		3. Mailing Address	3. Mailing Address		T TREATHER ALL HALLE CHEEK			
Second S	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01182008 Ch	g-NP CR2E037	(12/06)		
Second S	City & State		City & State		4. FEI Number 52-245167	*O 0454674			
PAMI MANAGEMENT, INC. 5041 RINGWOOD MEADOW SARASOTA, FL 34235	Zip	Country	Zip	Country	5. Certificate of Str		8.75 Additio	· · 	
PAMI MANAGEMENT. INC 5041 RINGWOOD MEADOW SARASOTA. FL 34235 City FL Zip Code		6. Name and Address of Current F	Registered Agent	<u> </u>	7. Name and Add			····	
Sirred Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)				Name					
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 Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature	5041 RING	SWOOD MEADOW		Street Adda	Street Address (P.O. Box Number is Not Acceptable)				
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 Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature		, 975° \$		Cin			l Zio Codo		
SIGNATURE Signature. Tytes of printed name of required agent and title if applicable. (NOTE: Registered Agent agrenure required when revisitating) DATE		<u></u>		City		FL	Zip Code		
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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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P DENSON, KEVIN 811 FAIRWAY COVE LN, #108 BRADENTON, FL 34212 STD DENSON, CECELIA 811 FAIRWAY COVE LN, #108 BRADENTON, FL 34212 DV KENNEDY, GEORGE 811 FAIRWAY COVE LN #203	☐ Delete ☐ Delete ☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADDITIONS/CHANGE		Change [Change [Change [Change [Change [Addition Addition Addition Addition	

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 eath; that I am an obticer or director of the corporation or the receiver of trustee emporated 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:

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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