## **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # N05000002727

1 Entity Name



**FILED** Apr 13, 2006 8:00 am Secretary of State

04-13-2006 90282 038 \*\*\*\*70.00

	ILLINO I CONDOMINIUM A								
Principal Place 4100 CENTR SARASOTA, F	al sarasota PKWY	Mailing Address 4100 CENTRAL SARASO SARASOTA, FL 34238	OTA PKWY			iai 2114 2 <b>2</b> 11 <b>22</b> 11 <b>22</b> 1	71 <b>40</b> 41 <b>40</b> 11 <b>0</b> 11011	11210 H9H 161	<b>HAI O</b> I I <b>DD</b> I
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01312006	Chg-NP	CR2E037	(11/05)	
City & State	è	City & State			4. FEI Number	2522 8v		No	plied For t Applicable
Zip -	Country	Zip 	Country		5. Certificate of		- <u>-</u>	B.75 Add e Required	itional 1
7:	6. Name and Address of Current	Registered Agent	Nama		7. Name and A	ddress of New R	legistered Ag	ent	
RYSKAMP 200 S ORA SARASOT	P, PATRICK W ANGE AVE A, FL 34236		Street Address (P.O.		P.O. Box Number	is Not Acceptable	e)		
<u>5</u> *	N.		City				FL	Zip Code	<del></del>
	named entity submits this statement foions of registered agent.	r the purpose of changing its	registered office o	r registere	ed agent, or both,	in the State of Flo		niliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registered Agent signa	ture required	when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Car Trust Fund C	npaign Financing Contribution.		\$5.00 May Be Added to Fees		lake check p rida Departn		
10.	OFFICERS AND DIE	RECTORS	11.	Α	DDITIONS/CHAN	IGES TO OFFICE	RS AND DIRE	CTORS IN	10
TITLE NAME	PD TAYLOR, J. DAVID		TITLE	P/D					
STREET ADDRESS CITY-ST-ZIP	4100 CENTRAL SARASOTA PKI SARASOTA, FL 34238	☐ Delete	NAME Street address City-St-Zip	Erni 4110	e Kosow Central Sarasot sota, FL 34238	a Pkwy #114	Ç	<b>C</b> hange	☐ Addition
	4100 CENTRAL SARASOTA PK	<b>MY</b> □ Delete	STREET ADDRESS	Erni 4110 Sara VP Bri 49	e Kosow ) Central Sarasot			★ Change	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	4100 CENTRAL SARASOTA PKI SARASOTA, FL 34238 VPD TAYLOR, ELIZABETH E 4100 CENTRAL SARASOTA PKI	MY ☐ Delete  MY ☐ Delete ∴ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VP Bri 49 Ve S/1/ Peni 4116	e Kosow O Central Sarasot Isota, FL 34238 P/D uce Winne 58 Bella Terra snice, FL 34293	<del>-</del>	ľ		☐ Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	4100 CENTRAL SARASOTA PKI SARASOTA, FL 34238 VPD TAYLOR, ELIZABETH E 4100 CENTRAL SARASOTA PKI SARASOTA, FL 34238 TSD HOLMES, PAMELA 4100 CENTRAL SARASOTA PKI	MY ☐ Delete  MY ☐ Delete ∴ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VP Bri 49 Ve S/1/ Peni 4116	e Kosow O Central Sarasot Sota, FL 34238 O/D uce Winne 58 Bella Terra enice, FL 34293 O/D ny Quinn O Central Sarasot	<del>-</del>	T J	<b>☑</b> Change	☐ Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	4100 CENTRAL SARASOTA PKI SARASOTA, FL 34238 VPD TAYLOR, ELIZABETH E 4100 CENTRAL SARASOTA PKI SARASOTA, FL 34238 TSD HOLMES, PAMELA 4100 CENTRAL SARASOTA PKI	MY Delete  MY Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VP Bri 49 Ve S/1/ Peni 4116	e Kosow O Central Sarasot Sota, FL 34238 O/D uce Winne 58 Bella Terra enice, FL 34293 O/D ny Quinn O Central Sarasot	<del>-</del>	Į.	Change	Addition 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: Scenny Die Dui PENNY QUIND	4/6/06	941   988-7682
SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #