


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90027 014 \*\*\*\*61.25

<b>DOCUMENT # N05000005304</b> 1. Entity Name <b>ALTA MAR CONDOMINIUM ASSOCIATION, INC.</b>	
---	---

Principal Place of Business <b>2825 PALM BEACH BLVD</b> <b>FT MYERS, FL 33916 US</b>	Mailing Address <b>2825 PALM BEACH BLVD</b> <b>FT MYERS, FL 33916 US</b>
--	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country



01042008 Chg-NP CR2E037 (12/06)

<b>6. Name and Address of Current Registered Agent</b>  <b>SAMOUCÉ, MURRELL &amp; GAL, P.A.</b> <b>5405 PARK CENTRAL COURT</b> <b>NAPLES, FL 34109</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code
--	---

4. FEI Number <b>20-3888731</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to</b> <b>Florida Department of State</b>
---	--	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PT <input type="checkbox"/> Delete	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, JEAN	NAME	
STREET ADDRESS	2825 PALM BEACH BLVD, #509	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 33916	CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, DONALD	NAME	
STREET ADDRESS	2825 PALM BEACH BLVD, #703	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 33916	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDER, DENA	NAME	
STREET ADDRESS	2825 PALM BEACH BLVD, #302	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 33916	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENERAT, VASANTA	NAME	
STREET ADDRESS	2825 PALM BEACH BLVD, #612	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 33916	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRATHER, SAM	NAME	
STREET ADDRESS	2825 PALM BEACH BLVD, #118	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 33916	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 117, 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:**  1/07/08 239.461.0002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #