
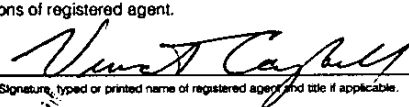
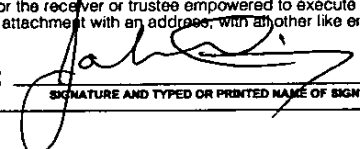


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90099 015 ****61.25

DOCUMENT # N07645 1. Entity Name NOKOMIS BAYSHORE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2477 STICKNEY PT RD STE 118 A SARASOTA, FL 34231 US			Mailing Address 153 CENTER RD VENICE, FL 34285 US		
2. Principal Place of Business 181 CENTER ROAD Suite, Apt. #, etc.		3. Mailing Address 181 Center Rd Suite, Apt. #, etc.			
City & State VENICE FL		City & State Venice, FL		4. FEI Number 59-2644938	
Zip 34285		Country US		Zip 34285	
Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ARGUS PROPERTY MANAGEMENT 153 CENTER RD VENICE, FL 34285				7. Name and Address of New Registered Agent Name ARGUS MANAGEMENT OF VENICE, INC. Street Address (P.O. Box Number is Not Acceptable) 181 CENTER ROAD City VENICE State FL Zip Code 34285	
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 4-6-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 CAIRNEY, JOHN 109 BAYSHORE RD #9 NOKOMIS, FL 34275	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LUDWIG, DALE 109 BAYSHORE RD. #5 NOKOMIS, FL 34275	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOURBEAU, JOHN 109 BAYSHORE RD #6 NOKOMIS, FL 34275	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH JACK 109 BAYSHORE RD #10 NOKOMIS FL 34275	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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 another like empowered.					
SIGNATURE: 		Date 4-6-06		Daytime Phone # 480-1276	