



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90036 025 \*\*\*\*61.25

<b>DOCUMENT # N08821</b> 1. Entity Name <b>SUPER 8 SHOPPES CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>4152 W. BLUE HERON BLVD. #128</b> <b>RIVIERA BEACH, FL 33404-1858</b>			Mailing Address <b>C/O NANCY HORNIK NARAMORE</b> <b>11312 GLEN OAKS CT</b> <b>NORTH PALM BEACH, FL 33408-3203</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>8127 SE WOODLAKE LANE</b>		 01172006 Chg-NP CR2E037 (11/05)	
City & State <b>HOBE SOUND FLORIDA</b>		City & State <b>HOBE SOUND FLORIDA</b>			
Zip <b>33455</b>		Zip <b>33455</b>			
Country <b>MARTIN</b>		Country <b>MARTIN</b>			
4. FEI Number <b>59-2747820</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent <b>FAGAN, GREGORY J.</b> <b>4152 W. BLUE HERRON BLVD.</b> <b>WEST PALM BEACH, FL 33404</b>	
7. Name and Address of New Registered Agent Name <b>NANCY NARAMORE</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>8127 SE WOODLAKE LANE</b>					
City <b>HOBE SOUND</b>				FL Zip Code <b>33455</b>	
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 <u><i>Nancy Naramore</i></u> <span style="float: right;">1/31/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHAEFER, CONRAD W. 1145 OLD HARBOUR ROAD NORTH PALM BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROBERT S NUTTER 4152 W. BLUE HERON BLVD #128 RIVIERA BEACH, FLORIDA 33404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HORNIK, NANCY 11312 GLEN OAKS CT NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD NANCY NARAMORE 8127 SE WOODLAKE LANE HOBE SOUND FLORIDA 33455	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRETCHEN, SCAEFER L 11459 OLD HARBOUR RD. NORTH PALM BEACH, FL 33408	<input checked="" 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	
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: <u><i>Nancy Naramore</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/31/06 772-288-3406 <small>Date Daytime Phone #</small>		