

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


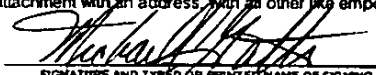
FILED
Mar 02, 2005 8:00 am
Secretary of State

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1st MOORE CR2E037 (10/04).

DOCUMENT # N11801					
1. Entity Name THE ADRIATIC CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 835 W ELKCAM CIRCLE MARCO ISLAND FL 33937 US			Mailing Address PO BOX 1903 MARCO ISLAND FL 33969 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0115764	
				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 YARDLEY, ROBERT 835 ELKCOM CR PO BOX 1903 MARCO IS FL 34146			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLONDONA, TONY		NAME	Andren Corey	
STREET ADDRESS	835 W ELKCOM CIR #108		STREET ADDRESS	835 W Elkcam Cir	
CITY-ST-ZIP	MARCO ISLAND FL 34145		CITY-ST-ZIP	Marco FL 34145	
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATTI, M		NAME		
STREET ADDRESS	5849 WOOD FLOWER CT		STREET ADDRESS		
CITY-ST-ZIP	BURKE VA		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMADTKE, KIM		NAME		
STREET ADDRESS	835 W ECKCOM CIR #209		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL 34145		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		
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		
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 exemption stated in Section 119.07(3)(i), 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 an other like empowered.					
SIGNATURE: 		MICHAEL P. GATTI		2/24/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

239-642-6404