



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90459 024 \*\*\*\*61.25

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # N16601</b><br>1. Entity Name<br><b>STEVENS' LANDING CONDOMINIUM ASSOCIATION, INC.</b>  |   |   |  |    |  |
| Principal Place of Business<br><b>100 STEVENS LANDING DR, 103<br/>P.O. BOX 2057<br/>MARCO ISLAND, FL 33969 US</b>  |   |   | Mailing Address<br><b>P O BOX 2057<br/>MARCO ISLAND, FL 34146 US</b> |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |  |   |  |
| City & State   |   | City & State  |  | 4. FEI Number<br><b>59-2709387</b>  |  |
| Zip  |   | Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BERRY &amp; GRUESEL<br/>1104 N COLLIER BLVD<br/>MARCO ISLAND, FL 34145</b>   |   |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |   |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| Make check payable to<br><b>Florida Department of State</b>  |   |   |  |   |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>HATHEWAY, CURTIS<br>100 STEVENS LANDING DR #1-301<br>MARCO ISLAND, FL 34145  | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | A<br>John Foley<br>400 300 STEVENS LANDING DR. 3-405<br>MARCO ISLAND, FL 34145  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>GORG, RICHARD<br>200 STEVENS LANDING DR #2-305<br>MARCO ISLAND, FL 34145    | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>DENISON, EDWARD<br>300 STEVENS LANDING DR, #3-306<br>MARCO ISLAND, FL 34146  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>BOYCE, TOM<br>100 STEVENS LANDING DR #1-203<br>MARCO ISLAND, FL 34145       | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>IRISH, PATRICK<br>200 STEVENS LANDING DR.<br>MARCO ISLAND, FL               | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>JUNGLES, CAROLYN<br>200 STEVENS LANDING DR #2-102<br>MARCO ISLAND, FL 34145 | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | SA<br>ROBERTA S. CROCK<br>100 STEVENS LANDING DR 1-205<br>MARCO ISLAND, FL 34145  |  |
| 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>Patrick L. Irish</u> <span style="float: right;">Date: 4/21/06 394-4472</span>   |   |   |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |   |  |   |  |

ATTACHMENT

60032046

TITLE - D

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N16601

CARLOS GARCIA

addition

300 STERNS LANDING DR 3-305

MARCO ISLAND, FL. 34145