


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90072 029 ****61.25

DOCUMENT # N27140	
1. Entity Name PLAYER'S CLUB CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 26267 NORTHERN CROSS ROAD PUNTA GORDA, FL 33983	Mailing Address 100 SULLIVAN ST STE 112 PUNTA GORDA, FL 33950 US
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40031000



03112007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 65-0242913	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENE, JOAN
 100 SULLIVAN ST
 STE 112
 PUNTA GORDA, FL 33950

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES ALPAO 262627 NORTHERN CROSS ROAD PUNTA GORDA, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD YAWNEY, PETER 26267 NORTHERN CROSS RD 37 PUNTA GORDA, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARINELLI, ANTHONY 26267 NORTHERN CROSS RD #10 PUNTA GORDA, FL 33983
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: James H. Alpaio JAMES H-ALPAIO 3/13/07.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #