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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31388 (4)
1. Corporation Name
ST. SIMONE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: C O TRAMCO, INC. 5085 TAMiami TR. E. NAPLES FL 33962
Mailing Address: C O TRAMCO, INC. 5085 TAMiami TR. E. NAPLES FL 34113-4128

3. Date Incorporated or Qualified: 03/27/1989
3a. Date of Last Report: 04/19/1996
4. FEI Number: 59-2941002
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite/Apt #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: TRAMCO INC. 5085 TAMiami TR. E. NAPLES FL 33962
10. Name and Address of New Registered Agent: (81-85) Name, Street Address, City, State (FL), Zip Code. Includes handwritten note: "New Zip Code 34113"

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	CHEVILLET, WALTER 5637 TURTLE BAY DR #19 NAPLES FL 34108	1.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD	CHEVILLET, GERALDINE J 5637 TURTLE BAY BLVD. #19 NAPLES FL 34108	2.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD	WHITE, RAYMOND 5633 TURTLE BAY DR. #31 NAPLES FL 33963 34108	3.1 TITLE: P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD	KNIGHT, FRANCES, C 5633 TURTLE BAY DR #37 NAPLES FL 34108	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		5.1 TITLE: T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE:		5.2 NAME: Anthony Ferrari	
TITLE:		5.3 STREET ADDRESS: 5637 Turtle Bay Dr. #22	
TITLE:		5.4 CITY-ST-ZIP: Naples, FL 34108	
TITLE:		6.1 TITLE: S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE:		6.2 NAME: Mary Krause	
TITLE:		6.3 STREET ADDRESS: 5085 Tamiami Tr. E. 5637 Turtle Bay Dr #19	
TITLE:		6.4 CITY-ST-ZIP: Naples, FL 34108	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Mary B Krause 2/24/97 Sec.

CR2E037 (9/96)