2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # N34911

SPORTLAND CONDOMINIUM ASSOCIATION, INC.



US

Principal Place of Business

7777 GLADES ROAD

SUITE 310 BOCA RATON, FL 33434 US

Mailing Address

7777 GLADES ROAD SUITE 310

BOCA RATON, FL 33434

FILED Apr 26, 2007 08:00 AM Secretary of State



01042007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0186449

5. Certificate of Status Desired

Not Applicable \$8.75 Additional Fee Required

Applied For

6. Name and Address of Current Registered Agent

LOPEZ, KATHRYN A. 7777 GLADES ROAD, SUITE 310 BOCA RATON, FL 33434

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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					
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET AODRESS CITY-ST-ZIP	VTDS LOPEZ, KATHRYN 7777 GLADES ROAD, S-310 BOCA RATON, FL		1		U00000735744 05/10/07-80046-006 70.00
IITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHMIER, ROBERT J 7777 GLADES ROAD. SUITE 310 BOCA RATON, FL		i		
TITLE NAME STREET ADDRESS CTY-ST-ZIP	D FEURRING, DOUGLAS R 7777 GLADES ROAD, SUITE 310 BOCA RATON, FL			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN '	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP			_		
12. Thereby 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 of supplemental report if 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 trusted emphasered 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 affactinent with an address with all other like impowered.					

NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Schmier, Pres.

SIGNATURE:

Date

APR 2 4 2007

Daytime Phone #