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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **N40915** (3)
1. Corporation Name
PHOENICIAN SANDS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

8951 BONITA BCH RD. SUITE 655
BONITA SPRINGS PLAZA
BONITA SPRINGS FL 33923

8951 BONITA BCH RD. SUITE 655
BONITA SPRINGS PLAZA
BONITA SPRINGS FL 33923

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country

24 Zip 25 Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/19/1990** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0240959** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangibles tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

~~ROUSSEAU, JOHN~~ *Couch*
GULFSIDE PROPERTY MANAGEMENT
8951 BONITA BCH RD. STE 655
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name *Couch, Robert B.*

82 Street Address (P.O. Box Number is Not Acceptable) *Gulf Coast Property Management*

83 *8951 Bonita Beach Rd Suite 655*

84 City *Bonita Springs* FL 85 Zip Code *33923*

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *Robert B. Couch* DATE *4-25-95*

Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNA, SHIRLEY G.	12 NAME	
STREET ADDRESS	9155 GULFSHORE DRIVE, N., #502-	13 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	14 CITY - ST - ZIP	
TITLE	CEO	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBONS, DAVID	22 NAME	
STREET ADDRESS	9155 GULFSHORE DRIVE, NORTH, SUITE 302	23 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	24 CITY - ST - ZIP	
TITLE	CEO	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNA, DONALD I.	32 NAME	
STREET ADDRESS	9155 GULFSHORE DRIVE, NORTH, SUITE 502-	33 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Joanna Lindsay</i>	42 NAME	
STREET ADDRESS	<i>2 Merilane</i>	43 STREET ADDRESS	
CITY - ST - ZIP	<i>Edina, Ma. 55436</i>	44 CITY - ST - ZIP	
TITLE	PD	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Carolyn Belden</i>	52 NAME	
STREET ADDRESS	<i>68 Parview Drive</i>	53 STREET ADDRESS	
CITY - ST - ZIP	<i>Feeding Hills, Mass. 01030</i>	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(6)(h), 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 or changed, or on an attachment with an address.

SIGNATURE: *Robert B. Couch* DATE: *4-24-95* 847-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR