NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N40915 1. Corporation Name

PHOENICIAN SANDS CONDOMINIUM ASSOCIATION, INC.

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•	9155	GULF	SHORE	DR
	NAPI	ES FI	34108	

Mailing Address

C/O COLLIER CONDOMINIUM MGMT 1040 6TH AVE N NAPLES FL 34102

FILED Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90024 022 ****61.25

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2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifect	I				
21						11/19/1990				
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			•	4. FEI Number		App	lied For	
22	.,	27				65-0240959		Not	Applicable	
City & State	6	City & State	•••			E California School Decimal		\$8.75 A	dditional	
23		28				5. Certificate of Status Desired		Fee Rec	uired	
Zip	Country	Zip	Cou	ıntry		6. Election Campaign Financing		\$5.00	May Be	
24	25	29	30			Trust Fund Contribution	П	Added to	Fees	
24	9. Name and Address of Current			Т		10. Name and Address of New	Registered	Agent		
				81	1 Name					
				and the state of t						
	I, VINCENT P	* , *		82 Street Address (P.O. Box Number is Not Acceptable)						
1040 6TH				83					,	
	CONDOMINIUM MANAGEMENT									
NAPLES F	L 34102			84	City		FL	85 Zip C	ode	
age over				Щ		estion or havita this statement for the		- 1 1: 5.::	enistered	
· office or a	to the provisions of Sections 617.0502 registered agent, or both, in the State of m familiar with, and accept the obligation	r Florida. Such change wa	is autnonze	יעט ט	the corporation	il S Duald of directors. I hereby acco		intment as reg		
agent. I a	im ramiliar with, and accept the obligation	ing or, geometro recodes,	, ionae otal		•	·	•		, .	
SIGNATURE	Signature, typed or printed name of registered agent :	and title if applicable. (N	IOTE: Registered	d Agen	t signature required	when reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO O	FFICERS A	ND DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1,1 T	TLE				☐ Change	☐ Addition	
		, —	12 N	AME					'	
NAME	BELDEN, CAROLYN				ADDRESS					
STREET ADDRESS		•								
CITY-ST-ZIP	NAPLES FL 34108	☐ DELETE		ITY-S	1-ZIP	· <u> </u>		☐ Change	Addition	
TITLE .	VPD				j	•			- - 7,5	
NAME	VAN STONE, MONIKA		2.2 N						: '	
STREET ADDRESS	9155 GULFSHORE DR #602		2.3 S	TREET	ADDRESS					
CITY-ST-ZIP	NAPLES FL 34108			OTY-S	T-ZIP			Change	Addition	
TITLE '	STD	☐ DELETE	3.1 T	ITLE				☐ Change	☐ Addition	
NAME 💥 👸 🚉	GIBBONS, DAVID	!	, 3.2 N	AME				; '		
STREET ADDRESS			3.3 \$	TREET	TADDRESS					
CITY-ST-ZIP	UNIONVILLE, ONTARIO, CAN. L	3R-3L9	3.4. (CITY-S	T-ZIP		· .	i, the s	i • ,	
TITLE	CHARLES STATE OF THE PARTY OF T	☐ DELETE	4.1 T	ITLE				☐ Change	Addition	
NAME			4.21	NAME						
STREET ADDRESS			4.3 S	TREET	FADDRESS	•				
CITY-ST-ZIP	:		4.4 C	ITY-S	T- ZIP		<u> </u>	177 e		
TITLE		☐ DELETE	5.1 T	ITLE				☐ Change	☐ Addition	
NAME			5.2 N	IAME						
STREET ADDRESS	Page 1		5.3 8	TREE	T ADDRESS					
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TITLE ∄¹∰ €234		☐ DELETE	6.1 T	ITLE				Change	Addition	
	The state of the s			AME						
NAME AND A	147 148.0° 18.0° 14				TADORESS					
STREET ADDRESS	S['		1 0.3	,u_L				•		

14. I 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 arn 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, with all other like empowered.

SIGNATURE: