

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90069 006 ****61.25

DOCUMENT # **N 40915**
1. Entity Name
PHOENICIAN SANDS CONDOMINIUM, INC.

DO NOT WRITE IN THIS SPACE

656695

2. Principal Place of Business
9155 Gulf Shore Drive
Suite, Apt. #, etc.

3. Mailing Address
1040 6th Ave. N.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number
65 0240959

Applied For
 Not Applicable

Zip
34108

Country
COLLIER

Zip
34102

Country
Collier

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Vincent P. Valentini

Street Address (P.O. Box Number is Not Acceptable)
1040 6th Ave. N.

City
Naples

FL

Zip Code
34102

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.

SIGNATURE **Vincent P. Valentini** DATE **4-22-02**

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

10. OFFICERS AND DIRECTORS

FEE IS \$61.25 Initial or Amended UBR

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

Make Check Payable to Department of State

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	Belden, Carolyn	9155 Gulf Shore Dr. #601	Naples, FL 34108				
V/S/D	EMBER, SCOTT	9155 Gulf Shore Dr. #402	Naples, FL 34108				
T.D.	GIBBONS, DAVID	207 Carlton Rd.	Uniontown, Ontario, Canada L3R3L9				
				DO NOT WRITE IN THIS SPACE			

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Carolyn E Belden** DATE: **4/26/02** PHONE: **941-592-1899**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY/DAYTIME PHONE #

CR2E037B (12/01)