


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

A-5
 P D C K FILED
 Feb 24, 2006 08:00 AM
 D A Secretary of State

DOCUMENT # N40915
 1. Entity Name
 PHOENICIAN SANDS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 9155 GULFSHORE DR 1040 6TH AVE N
 NAPLES, FL 34108 NAPLES, FL 34102 US

DO NOT WRITE IN THIS SPACE



01072006 No Chg-NP CR2E037 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0240959 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 VALENTINI, VINCENT P
 1040 6TH AVE N
 NAPLES, FL 34102 - PS

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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

000000445753
 03/07/06-80061-020 61.25

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD IMBER, SCOTT 9155 GULFSHORE DR NAPLES, FL 34108 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD GIBBONS, DAVID 207 CARLTON RD UNIONVILLE, ONTARIO, CAN., L3R3L9 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD HOLLAND, DAN 702 N. BECKLEY STATION RD. LOUISVILLE, KY 40245 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **2/17/06** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #