


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

A-5 PDCIK-3194
 AM FILED
 Apr 04, 2007 08:00 AM
 Secretary of State

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



Principal Place of Business
 9155 GULFSHORE DR
 NAPLES, FL 34108

Mailing Address
 1040 6TH AVE N
 NAPLES, FL 34102 US

DO NOT WRITE IN THIS SPACE



02242007 No Chg-NP CR2E037 (4/06)

4. FEI Number
 65-0240959

Applied For
 Not Applicable

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

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

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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

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

U00000689673
 04/11/07-80042-010 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____