


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

A-5

PDCK - 3371 FILED
 AMT - Feb 15, 2008 08:00 AM
 DATE - 2/11/08 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



02052008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
 65-0240959 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: Vincent P. Valentini, SAME Agent 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, 2008**

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

10. OFFICERS AND DIRECTORS

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

00000829672
 02/26/08-80051-013 61.25

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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: Vincent P. Valentini Date: 2-13-08 Daytime Phone #: (239) 261-1161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #