2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 8:00 am Secretary of State

DOCUMENT # N9300001885 1. Entity Name PRIVATEER SOUTH CONDOMINIUM ASSOCIATION, INC.					04	4-18-2005 9	90286 007 ****61	.25
1	e of Business BOAT CLUB ROAD FL	Mailing Address 1000 LONGBOAT CLUB SARASOTA, FL	ROAD					
	Place of Business SIVE Community Mong In	3. Mailing Address PROCRESSIVE Com. Suite, Apt. #, etc.	MUNITY ME	MT, I	Inc			
1801 6	SLENGARY STREET	1801 GLENG	ARY STI	REET	02172005 C	hg-NP	CR2E037 (10/03)	
City & Stat		City & State SARASOTA	E		4. FEI Number 65-040718	 86		oplied For
Zip	Country	Žip 1	Country		5. Certificate of St		\$8.75 Ad	ot Applicable ditional
Zip 3 4 d	3 / USA 6. Name and Address of Current Re	34231	<u> </u>	7	7. Name and Add		Fee Require	ed
	6. Name and Address of Coffest A	sgistered Agent	Name				.00	
MCKAY, TELESE B 2055 WOOD STREET, SUITE 120 SARASOTA, FL 34237					SIVE COMP (P.O. Box Number is: SLENG AR	Not Acceptable	EET	ENT, Inc
			City	-NO 1	4SOTA		FL Zip Coo	le 3 /
	a named entity submits this statement for titions of registered agent.	he purpose of changing its r				the State of Flo	orida. I am familiar with	and accept
		Bull	7	. 101		4.1	11.01.00	
LCICKIATURE	/ 3	/ Cannu	~/ IVY	1 <i>YY</i> 1	ARKSL	7	//5/0>	l l
SIGNATURE	Signature, typed or printed name of regulared agent and	d trite if applicable. (NOTE:	Registered Agent sign:	·	ARKEL d when reinstating)		1/15/05 DATE	
SIGNATURE	Signature, typed or printed name of requered agent and Filling Fee is \$61.25 Due by May 1, 2005	d trite if applicable. (NOTE: 9. Elèction Cam Trust Fund Co	paign Financing	·		м	DATE DATE Lake check payable 1 ida Department of S	
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIRE	9. Election Cam Trust Fund Co	paign Financing	ature required	\$5.00 May Be Added to Fees	M Flor	DATE Ake check payable to	tate
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12. I nereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Da