2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State
06-16-2006 90103 020 ****61.75

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1. Entity Name
PAULSON DRIVE WAREHOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
18350 PAULSON DRIVE PT CHARLOTTE, FL 33948 US	100 SULLIVAN STREET 112 PUNTA GORDA, FL 33950 US

03122006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	18350 Paulson Dr Suite, Apt. #, etc.
City & State	Pt Charlotte Fl City & State
Zip / Country	33948 / USA Zip / Country

4. FEI Number 65-0449566 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GREENE, JOAN F 100 SULLIVAN STREET 112 PUNTA GORDA, FL 33950	Name: LINDA SHUMAN Street Address (P.O. Box number is Not Acceptable): 18350 Paulson DRIVE City: Port Charlotte FL Zip Code: 33948

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: Linda Shuman 7-19-6
(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, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST SCHIANO, SALVATORE 18350 PAULSON DRIVE UNIT B-1 PT CHARLOTTE, FL 33948	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Bob Branno 18350 Paulson Dr A 3-4 Port Charlotte Fl 33948	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP TOMPKINS, MELISSA 18350 PAULSON DRIVE UNIT A-3 PORT CHARLOTTE, FL 33954	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LINDA. shuman 18350 PAULSON Dr C1-4 Port Charlotte Fl 33954	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP BROWN, BARBARA 18350 PAULSON DR A1 PORT CHARLOTTE, FL 33954	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/SD TAMMI LIMBERGER 18350 PAULSON Dr D-1 Port Charlotte Fl 33948	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Linda Shuman Linda Shuman 3-15-6 941-255-5425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Linda Shuman