2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002854

FILED Mar 19, 2005 Secretary of State

Entity Name: SAIL HARBOUR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4914 TUDOR DRIVE 4914 TUDOR DRIVE

#101 CAPE CORAL, FL 33904

CAPE CORAL, FL 33904

Current Mailing Address: New Mailing Address:

4914 TUDOR DRIVE 4914 TUDOR DRIVE

CAPE CORAL, FL 33904 #101

CAPE CORAL, FL 33904

FEI Number: 65-0194158 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KEEFE, JOHN K GAAR, SHAN A 4914 TÚDOR DRIVE 4914 TUDOR DRIVE

CAPE CORAL, FL 33904 US CAPE CORAL, FL 33904 US

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.

SIGNATURE: SHAN GAAR 03/19/2005

> Electronic Signature of Registered Agent Date

> > City-St-Zip:

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

OKEEFE, KEN GAAR, SHAN Name: Name: 4914 TUDOR DRIVE #203 Address: 4914 TUDOR DRIVE #101 Address: City-St-Zip: CAPE CORAL, FL 33904 CAPE CORAL, FL 33904

Title: VPD () Delete Title: (X) Change () Addition

GAAR, SHAN Name: O'KEEFE, KEN Name:

Address: 4914 TUDOR DRIVE #101 Address: 4914 TUDOR DRIVE #203 City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33904

Title: () Delete Title: SD (X) Change () Addition

O'KEEPE, CARA O'KEEFE, CARA Name: Name: 4914 TUDOR DRIVE #203 4914 TUDOR DRIVE #203 Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33904

Title: TD () Delete Title: () Change () Addition

Name: GAAR, ALEDA Name: 4914 TUDOR DRIVE #101 Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEDA GAAR TD 03/19/2005