


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90208 024 ****61.25

DOCUMENT # N98000007188	
1. Entity Name	
SCIBC NORTH LAND CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
231 S NOKOMIS AVE #A VENICE FL 34285	231 S NOKOMIS AVE #A VENICE FL 34285



2. Principal Place of Business	3. Mailing Address
2055 WOOD STREET Suite, Apt. #, etc. SUITE 202 City & State SARASOTA FL Zip 34237	2055 WOOD STREET Suite, Apt. #, etc. SUITE 202 City & State SARASOTA FL Zip 34237

1st MOORE CR2E037 (10/05)

4. FEI Number	Applied For
65-0888856	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent	
THE RICHARDSON GROUP, LLC 2055 WOOD STREET SUITE 202 SARASOTA FL 34237	
7. Name and Address of New Registered Agent	
Name Richardson Kleiber Walker The Richardson Group LLC Street Address (P.O. Box Number is Not Acceptable) 2055 Wood Street, Suite 202 City Sarasota FL Zip Code 34237	

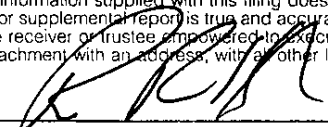
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE _____
(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMETTS, ROBERT 101 POND CYPRESS ROAD VENICE FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JODI ALEXANDER 355 SAND PINE BLVD. VENICE, FL 34292 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD ALEXANDER, JODI 125 CORPORATION WAY, SUITE C VENICE FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JOHN TIMONEY, JR. 301 SAND PINE BLVD. VENICE, FL 34292 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TIMONEY, JOHN 301 SAND PINE BLVD. VENICE FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROBERT SMETTS 101 POND CYPRESS RD. VENICE, FL 34292 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  3/19/06 941 9539772