


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90217 039 ****61.25

DOCUMENT # 762271	
1. Entity Name PROVINCETOWN CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business C/O KATHY COOPER 3400 NEW SO. PROVINCE BLVD FORT MYERS, FL 33907	Mailing Address C/O KATHY COOPER 3400 NEW SO. PROVINCE BLVD FORT MYERS, FL 33907
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04073812



2. Principal Place of Business c/o Henke Property Mgt Suite, Apt. #, etc. 6213-A Presidential Ct City & State Ft Myers FL Zip 33919 Country USA	3. Mailing Address c/o Henke Property Mgt Suite, Apt. #, etc. 6213-A Presidential Ct City & State Ft Myers FL Zip 33919 Country USA
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04272004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1507784
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
COOPER, KATHY
3400 NEW SOUTH PROVINCE
FORT MYERS, FL 33907

7. Name and Address of New Registered Agent
Name: Carol J Henke
Street Address (P.O. Box Number is Not Acceptable): c/o Henke Property Mgt
6213-A Presidential Ct
City: Ft Myers FL Zip Code: 33919

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: Carol J Henke 4-28-2004
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, 2004	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RATLIFF, LEE <input checked="" type="checkbox"/> Delete 5797-3 NEWFOUNDLAND CIRCLE FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHNEIDER, DONALD <input type="checkbox"/> Delete 3271 ROYAL CANADIAN TRACE (11-3) FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARUSO, SAM <input checked="" type="checkbox"/> Delete 5839-3 VANCOUVER CIRCLE (#67-3) FT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROSSIN, MICHAEL <input checked="" type="checkbox"/> Delete 3351-3 ROYAL CANADIAN TRACE FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REIM, CHRIS <input checked="" type="checkbox"/> Delete 3355-3 ROYAL CANADIAN TRACE (94-3) FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YLIPELJOHEN, RIKU <input type="checkbox"/> Delete 3371-4 ALOUETTE CIRCLE (105-4) FORT MYERS, FL 33907

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PID Miller, Alan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3339-1 New S. Province Blvd Ft Myers FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Schneider, Donald <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3271-3 Royal Canadian Trace Ft Myers FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TID Dice Mark <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3303-2 Royal Canadian Trace Ft Myers FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIS Lepore, Angela <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5840-3 Vancouver Circle Ft Myers FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIV Heath, Fred <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3323-1 New South Province Blvd Ft Myers FL 33907
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 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: Carol J Henke 4/1/04 239-481-7150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #