

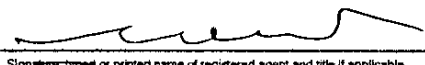
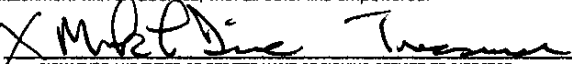


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90143 015 ****61.25

| | | | | | |
|---|--|---|---|---|--|
| DOCUMENT # 762271 1. Entity Name PROVINCETOWN CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business C/O HENKE PROPERTY MGT 6213-A PRESIDENTIAL CT FORT MYERS, FL 33919 US | | | Mailing Address C/O HENKE PROPERTY MGT 6213-A PRESIDENTIAL CT FORT MYERS, FL 33919 US | | |
| 2. Principal Place of Business PAM PROPERTY MGT. | | 3. Mailing Address PROVINCETOWN CONDO ASSO | | 50063736  | |
| Suite, Apt. #, etc. 15660 SAN CARLOS BLVD | | Suite, Apt. #, etc. 3400 NEW SO. PROVINCE BLVD | | 08222005 Chg-NP CR2E037 (10/03) | |
| City & State FT MYERS, FL | | City & State FT MYERS, FL | | 4. FEI Number 59-1507784 | |
| Zip 33908 | | Country LEE | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HENKE, CAROL J 6213-A PRESIDENTIAL CT FORT MYERS, FL 33919 | | | 7. Name and Address of New Registered Agent Name CHARLES D. SHIPLEY Street Address (P.O. Box Number is Not Acceptable) 3400 NEW SO PROVINCE BLVD City FT MYERS FL Zip Code 33907 | | |
| 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 Aug 23 '05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by September 7, 2005 | | 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 | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MILLER, ALAN 3339-1 NEW S. PROVINCE BLVD FORT MYERS, FL 33907 | <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 | D SCHNEIDER, DONALD 3271-3 ROYAL CANADIAN TRACE FORT MYERS, FL 33907 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D. THOMSON, SCOTT 3349-3 ALOUETTE CIR. FT MYERS, FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DICE, MARK 3303-2 ROYAL CANADIAN TRACE FT MYERS, FL 33907 | <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 | DS LEPORE, ANGELA 5840-3 VANCOUVER CIRCLE FORT MYERS, FL 33907 | <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 | DV HEATH, FRED 3323-1 NEW SOUTH PROVINCE BLVD FORT MYERS, FL 33907 | <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 | D YLIPELJOHEN, RIKU 3371-4 ALOUETTE CIRCLE (105-4) FORT MYERS, FL 33907 | <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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | DATE Aug 23 '05 - 239-939-5535 <small>Daytime Phone #</small> | | |

(OVER)