2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2006 8:00 am Secretary of State

| DOCUMENT # 762271 1. Entity Name PROVINCETOWN CONDOMINIUM ASSOCIATION, INC. | | | | | | | ary 01 St 5 90029 042 ****6 | | |
|---|---|---|-----------------------------------|--|----------------------------------|-------------------------|-------------------------------------|----------------------------|--|
| P & M PROPERTY MGMT 340 | | Mailing Address 3400 NEW SO PROVING FORT MYERS, FL 3390 | 00 NEW SO PROVINCE BLVD | | | 5300 6800 1254 4878) 18 | AT RUUN DUITH OFFICE AND A BERN DIN | | |
| 2. Principal Place of Business 3. Ma | | 3. Mailing Address | failing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 01112006 | Chg-NP | CR2E037 (11/05) | | |
| City & State | | City & State | | 4. FEI Number 59-1507 | | - | pplied For ot Applicable | | |
| Zip | Country | Zip C | | ntry | 5. Certificate of Status Desired | | \$8.75 Ad Fee Require | | |
| | 6. Name and Address of Current Reg | gistered Agent | | | 7. Name and / | Address of New i | Registered Agent | | |
| SHIPLEY, CHARLES D | | | | Name - | | | | | |
| 3400 NEW SO PROVINCE BLVD FORT MYERS, FL. 33907 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | City | | | FL Zip Code | | | |
| 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 SIGNATURE (NOTE: Registered Agent 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 9. Election (Due by May 1, 2006 Trust Fun | | | | | \$5.00 May Be Added to Fees | [| Make check payable t | | |
| 10. | OFFICERS AND DIREC | TORS | 11. | | ADDITIONS/CHA | NGES TO OFFICE | ERS AND DIRECTORS IN | l 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MILLER, ALAN 3339-1 NEW S. PROVINCE BLVD FORT MYERS, FL 33907 | Delete | TITLE NAME STREE CITY-1 | TADDRESS | 165-4 F | POB PRINCE | PChange EDWARD FL 335/ | □ Addition FSLE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCOTT, THOMPSON 3349-3 ALOUETTE CIR FORT MYERS, FL 33907 | ☐ Delete | TITLE NAME STREE CITY-S | | D HOM PSO | N, Sca | T T Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DICE, MARK -3303-2 ROYAL CANADIAN-TRACE FT MYERS, FL 33907 | ☐ Delete | TITLE NAME STREE CATY-S | T ADDRESS |) | - | Change | Addition | |
| TITLE NAME .STREET ADDRESS CITY-ST-ZIP | DS LEPORE, ANGELA 5840-3 VANCOUVER CIRCLE FORT MYERS, FL 33907 | . Defate | NAME STREET | TADDRESS | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV HEATH, FRED 3323-1 NEW SOUTH PROVINCE BI FORT MYERS, FL 33907 | Defete | TITLE NAME STREET CITY-S | FADDRESS ST-ZIP | OPPE | TTUOL NEW SI ERS, | O BOB O PROVINCE FC 33 | □ Addition E BCV 907 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby C | D YLIPELJOHEN, RIKU 3371-4 ALOUETTE CIRCLE (105-4) FORT MYERS, FL 33907 certify that the information supplies with this on this report or supplemental enort is true | | CITY-S | TADDRESS 32, ST-ZIP F | LMBRI 58-1 1 TMYE | MAPLE TRS, | MIKE Change E LEAF (FL 3390 | Addition | |

12. I refer to certify that the information supplies with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental eport is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or tradee 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.

CICNIATURE

MATURE AND TYPED OF PRINTED NAME OF SYMMIC OFFICER OF DEPOTOR

18/06 239/939-55