

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

06-12-2006 90002 038 ****61.25

DOCUMENT # 741107

1. Entity Name
DRIFTWOOD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1345 MEDITERRANEAN DR.
PUNTA GORDA, FL 33950 US**

Mailing Address
**100 SULLIVAN ST., STE 112
PUNTA GORDA, FL 33950 US**

4000000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2606141

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENE, JOAN
100 SULLIVAN ST., STE 112
PUNTA GORDA, FL 33950**

Name

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, 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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
**TD
TSAI, PING
1345 MEDITERRANEAN DR.
PUNTA GORDA, FL 33950** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HAUEL, RAYMOND
1333 MEDITERRANEAN DR
PUNTA GORDA, FL 33950** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DEBORAH WELLS
5 VILLAGE ST
SOUTH EASTON MA 02375** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BAUMANN, DORIS
1333 MEDITERRANEAN DR.
PUNTA GORDA, FL 33950** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MITCHELL, RUTH
1333 MEDITERRANEAN DR
PUNTA GORDA, FL 33950** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
SANDRA HAUDEL
PO BOX 122
NICHOLS IA 52766** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
EGEAERGH, WALTER
1541 WICKE AVE
DES PLAINES, IL 60018** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
EGEBERGH, WALTER** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-06

Date

Daytime Phone #