

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90009 002 ****61.25

DOCUMENT # 767108
 1. Entity Name
AMERICA OUTDOORS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **16900 S. TAMiami TRAIL FT. MYERS FL 33908**
 Mailing Address: **16900 S. TAMiami TRAIL FT. MYERS FL 33908**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: City & State
 Zip: Zip Country: Country



MOORE CR2E037 (11/03)

4. FEI Number: **59-2375877** Applied For: Not Applicable:
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **SPATHELF, DOUGLAS MR 16900 S. TAMiami TRAIL FT. MYERS FL 33908-4509 Resigned 10/31/03**
 7. Name and Address of New Registered Agent: **Mrs. Charlotte Reed, President AMERICA OUTDOORS CONDOMINIUM ASSOCIATION, INC. 16900 S. TAMiami TRAIL FORT MYERS, FL 33908**

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: *Charlotte H. Reed* **Charlotte H. Reed** DATE: **April 8, 2004**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004
 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: THOMAS, DORWIN, Director STREET ADDRESS: 16900 S. TAMiami TR B-38 CITY-ST-ZIP: FT MYERS FL	<input type="checkbox"/> Delete	TITLE NAME: Mr. James Cross, Sec. STREET ADDRESS: 16900 So. Tamiami Tr. CITY-ST-ZIP: Fort Myers, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME: NOVOTNY, GEORGE, Director STREET ADDRESS: 16900 STAMiami TR R-51 CITY-ST-ZIP: FT. MYERS FL	<input type="checkbox"/> Delete	TITLE NAME: Bonnie Warren Treasurer STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME: HARRINGTON, MELICIA STREET ADDRESS: 16900 S. TAMiami TRAIL, B-17 CITY-ST-ZIP: FT. MYERS FL 33908	<input checked="" type="checkbox"/> Delete	TITLE NAME: Mr. John Bampton, Director STREET ADDRESS: 16900 So. Tamiami Tr. CITY-ST-ZIP: Fort Myers, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME: Pres REED, CHARLOTTE STREET ADDRESS: 16900 S. TAMiami TRAIL, B-66 CITY-ST-ZIP: FT. MYERS FL 33908	<input type="checkbox"/> Delete	TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: Wice-president MILLER, JIM STREET ADDRESS: 16900 S. TAMiami TR. B-70 CITY-ST-ZIP: FT. MYERS FL 33908	<input type="checkbox"/> Delete	TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: PITINO, JOHN STREET ADDRESS: 16900 S. TAMiami TRAIL, B-69 CITY-ST-ZIP: FORT MYERS FL 33908	<input checked="" 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: *Charlotte H. Reed, President* **Charlotte H. Reed, President** DATE: **04-08-04**
 Signature and typed or printed name of signing officer or director



Attachment 44048699
767108

16900 S. TAMiami TRAIL
FT. MYERS,
FLORIDA 33908
941-267-3030

CONDOMINIUM ASSOCIATION, INC.

Board of Directors 2004-2005 Season

President:

~~Charlotte Reed 437-0929~~
B-66 Away: 716-257-9573

Vice-President:

Jim Miller 415-3049
B-70 Away: 519-869-6487

Secretary:

Jay Cross 432-0397
W-99

Treasurer:

Bonnie Warren 437-8776
B-54 Away: 715-866-8505

Directors:

Dorwin Thomas 267-1544
W-22

George Novotny: 267-7842
R-51 Away: 724-785-9779

John Bampton: 466-5385
W-62 Away: 506 422 3030