

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

05 MAR 25 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03182005 Chg-NP CR2E037 (10/03)

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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 59-2375877		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
REED, CHARLOTTE MRS. AMERICAN OUTDOORS CONDO. ASSOC. 16900 S. TAMiami TRAIL FORT MYERS, FL 33908		Name <i>MRS. ALICIA MOLDASHEL PRES.</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>AMERICA OUTDOORS CONDO. ASSOC.</i>	
		<i>16900 S. TAMiami TRAIL</i>	
		City <i>FT. MYERS</i> FL Zip Code <i>33908</i>	

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 *Alicia Moldaschel* ALICIA MOLDASHEL 3/21/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Amended AR is \$61.25	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, DORWIN 16900 S TAMiami TR B-38 FT MYERS, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRINGTON, JOSEPH 16900 S. TAMiami TR. B-13 FT. MYERS, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVOTNY, GEORGE 16900 STAMiami TR R-51 FT. MYERS, FL <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	S KIRDA, SHERRI 16900S TAMiami TR FT. MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700049930057 04/05/05--01082--011 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REED, CHARLOTTE 16900 S. TAMiami TRAIL, B-66 FT. MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, CHARLOTTE 16900 S. TAMiami TR, B-66 FT. MYERS, FL 33908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOLDASHEL, ALICIA 16900 S. TAMiami TR. B-70 FT. MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOLDASHEL, ALICIA 16900 S TAMiami TR B-39 FT MYERS, FL 33908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARREN, BONNIE 16900 S TAMiami TR FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHOLLY, FRANK 16900 S. TAMiami TR W-71 FT MYERS, FL 33908 <input type="checkbox"/> Change <input checked="" 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: *Alicia Moldaschel Pres.* ALICIA MOLDASHEL 3/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #