

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90155 029 ****70.00



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

1st MOORE CR2E037 (10/05)

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

7. Name and Address of New Registered Agent

**MOLDASHEL, ALICIA P
AMERICAN OUTDOORS CONDO. ASSOC.
16900 S. TAMIAMI TRAIL
FORT MYERS FL 33908**

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

Alicia Moldashez

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/21/06

DATE

**FILE NOW: 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	V	<input type="checkbox"/> Delete
NAME	HARRINGTON, JOSEPH	
STREET ADDRESS	16900 S TAMIAMI TR B-13	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NOVOTNY, GEORGE	
STREET ADDRESS	16900 STAMIAMI TR R-51	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	KIRDA, SHERRI	
STREET ADDRESS	16900S TAMIAMI TR	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	REED, CHARLOTTE	
STREET ADDRESS	16900 S. TAMIAMI TRAIL, B-66	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	P	<input type="checkbox"/> Delete
NAME	MOLDASHEL, ALICIA	
STREET ADDRESS	16900 S. TAMIAMI TR. B-39	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHOLLY, FRANK	
STREET ADDRESS	16900 S TAMIAMI TR W-71	
CITY-ST-ZIP	FORT MYERS FL 33908	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	FRED VANDENSEN	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	16900 S. TAMIAMI TR	DIRECTOR
STREET ADDRESS	FT. MYERS, FL 33908	
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAYNE REED	
STREET ADDRESS	16900 S. TAMIAMI TR	
CITY-ST-ZIP	FT. MYERS, FL 33908	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERRI KIRDA	
STREET ADDRESS	16900 S. TAMIAMI TR	
CITY-ST-ZIP	FT. MYERS, FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Alicia Moldashez
ALICIA MOLDASHEZ

3/21/06

239-267-2421