


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90015 040 ****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-2375877		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOLDASHEL, ALICIA P AMERICAN OUTDOORS CONDO. ASSOC. 16900 S. TAMiami TRAIL FORT MYERS FL 33908		7. Name and Address of New Registered Agent Name <u>REED, WAYNE E.</u> Street Address (P.O. Box Number is Not Acceptable) <u>AMERICA OUTDOORS CONDO. ASSOC.</u> <u>16900 S. TAMiami TRAIL</u> City <u>FORT MYERS</u> FL Zip Code <u>33908</u>	

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 WAYNE E. REED, PRESIDENT Wayne E. Reed 3-22-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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	V HARRINGTON, JOSEPH 16900 S TAMiami TR B-13 FT MYERS FL 33908	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REED, WAYNE E. 16900 So. TAMiami TRAIL-B-66 FORT MYERS, FL 33908	<input checked="" 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHOLLY, FRANK 16900 So. TAMiami TRAIL-W-71 FORT MYERS, FL, 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRDA, SHERRI 16900 S. TAMiami TRAIL, B-66 FT. MYERS FL 33908	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEAMAN, DONA 16900 So. TAMiami TRAIL-R-25 FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOLDASHEL, ALICIA 16900 S. TAMiami TR. B-39 FT. MYERS FL 33908	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REED, JAMES 16900 So TAMiami TRAIL-W-41 FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHOLLY, FRANK 16900 S TAMiami TR W-71 FORT MYERS FL 33908	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRINGTON, JOSEPH 16900 So. TAMiami TRAIL-B-13 FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLDASHEL, ALICIA 16900 So. TAMiami TRAIL-B-39 FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Wayne E. Reed WAYNE E. REED, Pres. 3-22-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #