


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90072 035 ****61.25

DOCUMENT # 767108			
1. Entity Name AMERICA OUTDOORS CONDOMINIUM ASSOCIATION, INC.		Mailing Address 16900 S. TAMiami TRAIL FT. MYERS, FL 33908	
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
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		7. Name and Address of New Registered Agent	
REED, WAYNE E AMERICAN OUTDOORS CONDO. ASSOC. 16900 S. TAMiami TRAIL FORT MYERS, FL 33908		Name Street Address (P.O. Box Number is Not Acceptable) City	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRINGTON, JOSEPH	NAME	MAX MOORE
STREET ADDRESS	16900 S TAMiami TR B-13	STREET ADDRESS	16900 S. TAMiami TR. B-29
CITY-ST-ZIP	FT MYERS, FL 33908	CITY-ST-ZIP	FT. MYERS, FL. 33908
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAMAN, DONA	NAME	
STREET ADDRESS	16900 SO TAMiami TRAIL R 25	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS, FL 33908	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, JAMES	NAME	
STREET ADDRESS	16900 SO TAMiami TR W 41	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS, FL 33908	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLDASHEL, ALICIA	NAME	GEORGE LITTLE
STREET ADDRESS	16900 S. TAMiami TR. B-39	STREET ADDRESS	16900 S. TAMiami TR. B-68
CITY-ST-ZIP	FT. MYERS, FL 33908	CITY-ST-ZIP	FT. MYERS, FL. 33908
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOLLY, FRANK	NAME	DORWIN THOMAS
STREET ADDRESS	16900 S TAMiami TR W-71	STREET ADDRESS	16900 S. TAMiami TR. W-23
CITY-ST-ZIP	FORT MYERS, FL 33908	CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, WAYNE E	NAME	
STREET ADDRESS	16900 SO TAMiami TRAIL B 68	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33908	CITY-ST-ZIP	
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 <u>Wayne E Reed</u>		WAYNE E. REED, President-3-18-08 239-267-3030	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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