

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Apr 09, 2012
Secretary of State**

DOCUMENT# 767108

Entity Name: AMERICA OUTDOORS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**16900 S. TAMIAMI TRAIL
FT. MYERS, FL 33908**New Principal Place of Business:****Current Mailing Address:**16900 S. TAMIAMI TRAIL
FT. MYERS, FL 33908**New Mailing Address:****FEI Number:** 59-2375877**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**THOMAS, DORWIN P
16900 S. TAMIAMI TRAIL
FORT MYERS, FL 33908 US**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** VP
Name: MATTHYS, JAMES
Address: 16900 S. TAMIAMI TRAILB52
City-St-Zip: FORT MYERS, FL 33908**Title:** SEC.
Name: BATTEN, PHYLISS
Address: 16900 SO TAMIAMI TRAIL B31
City-St-Zip: FT. MYERS, FL 33908**Title:** TREA
Name: MAYES, EARL
Address: 16900 SO TAMIAMI TR R64
City-St-Zip: FT. MYERS, FL 33908**Title:** D
Name: MOORE, MAX
Address: 16900 S. TAMIAM TRAIL B29
City-St-Zip: FORT MYERS, FL 33908**Title:** D
Name: VAN DEN ELSEN, FRED
Address: 16900 S. TAMIAMI TRAIL W-99
City-St-Zip: FORT MYERS, FL 33908**Title:** D
Name: SETTERLUND, HELEN E
Address: 16900 SO TAMIAMI TRAIL W37
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DORWIN THOMAS

PRES

04/09/2012

Electronic Signature of Signing Officer or Director_____
Date