2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 09, 2005 8:00 am Secretary of State 05-09-2005 90299 011 ****61.25

1. Entity Nam	MENT # N9300000 RPON CONDOMINIUM AS		ON, INC.			05-	09-2005	90299 011	l ****61	.25
3160 MATECUMBE KEY ROAD P.O.			iling Address O. BOX 511246 INTA GORDA, FL 33951-1246 US			50051186				
2. Principal P	Place of Business	3. Mailing	g Address							
Suite, Apt. #, etc. S		Suite	Suite, Apt. #, etc.			02182005 Chg	-NP	CR2E037	(10/03)	
City & State		City 8	City & State		4. FEI Number 59-3236784				plied For	
Zíp	Country	Zip		Country		5. Certificate of State	us Desired		8.75 Add	itional
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
VACULTE AL				Nam	 °S тДС	Hosa Jal.	L. 140		1	
	RNT STORE ROAD			Stree	t Address	P.O. Box Number is No	ot Acceptab	ile)	ميري	
PUNTAG	ORDA, FL 33955			100	45 T	aylor Rd	# 1			
!					0.0	-A TOIC IC G				
				City	^			EI	Zip Code	•
9. The above	named antity submits this statement f	for the purpose	e of chancing its	City	Punt	n Gorda	e State of F	FL Jorida Jam Ja		<u>5</u> 0
	named entity submits this statement flions of registered agent.	for the purpos	e of changing its r	City	Punt	n Gorda	e State of F		339	<u>5</u> 0
	tions of registered agent.		······	City registered offic	Punt e or registe	n Goda ered agent, or both, in th	e State of F	florida. I am fai	339	<u>5</u> 0
the obligat			······	City registered offic	Punt e or registe	n Gorda	e State of F		339	<u>5</u> 0
the obligat	tions of registered agent.		······	City Registered office Registered Agent s paign Financir	Punt e or registe	n Goda ered agent, or both, in th		florida. I am fai	miliar with,	and accept
the obligat	Signature, typed or printed name of registered ager	nt and title if applica	able. (NOTE.	City Registered office Registered Agent s paign Financir	Punt or registe	red agent, or both, in the	Fic	DATE Make check prida Departn	miliar with,	and accept
the obligated SIGNATURE 10.	Signature, typed or printed name of registered ager Filling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND D	nt and title if applica	able. (NOTE.	egistered office Registered Agent s paign Financia ontribution. 11. TITLE	Punt or registe	ared agent, or both, in the state of the sta	Fic	DATE Make check to rida Departne	miliar with,	and accept
SIGNATURE 10. TITLE NAME	Signature, typed or printed name of registered ager Filling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND D PD GOULD, JERRY	nt and title if applica	9. Election Cam Trust Fund Co	egistered office Registered Agent s paign Financir ontribution. 11. TITLE NAME	Punt or registe	ared agent, or both, in the state of the sta	Fic	DATE Make check to rida Departne	miliar with, payable to nent of St	and accept ate
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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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-\$T-Z!P TITLE

NAME

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ Delete

☐ Change

Addition