

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/30

FILED
May 26, 2004 8:00 am
Secretary of State

04-30-2004 90227 047 ****61.25

66424202



02162004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0698960

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEGASUS PROP MGMT
17595 S TAMiami TR
100
FORT MYERS, FL 33908

7. Name and Address of New Registered Agent

Name **THOMAS E EATON**
Street Address (P.O. Box Number is Not Acceptable)
PEGASUS PROPERTY MGMT
17595-100
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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee **\$61.25**
Due by **May 1, 2004**

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

TITLE	PD	☐ Delete
NAME	RAGO, MIKE	
STREET ADDRESS	3501 HERON COVE CT.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	VO	☐ Delete
NAME	RICE, DARLE	
STREET ADDRESS	3566 HERON COVE ST.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	DST	☐ Delete
NAME	RODRIGUEZ, WALTER	
STREET ADDRESS	3537 HERON COVE CT	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/2004 239-454-8568