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**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90075 035 \*\*\*\*61.25

0060051

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 763226**

1. Corporation Name

**CONDOMINIUM ASSOCIATION OF THE VILLAGE, INC.**

Principal Place of Business

2135 CRYSTAL DR. BOX 20A  
FT. MYERS FL 33907

Mailing Address

5245 BIG PINE WAY  
SUITE 103  
FT. MYERS FL 33907  
US

119102-90075-35



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/11/1982

4. FEI Number

59-2228609

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

LOUBIER, RUTH A  
5245 BIG PINE WAY  
SUITE 103  
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** ☐ DELETE  
NAME **HERGERT, ALICE**  
STREET ADDRESS **2121 CRYSTAL DRIVE #18**  
CITY-ST-ZIP **FT MYERS FL**

TITLE **PD** ☐ DELETE  
NAME **DRAA, ELLEN**  
STREET ADDRESS **2121 CRYSTAL DR. #16**  
CITY-ST-ZIP **FT MYERS FL**

TITLE **SD** ☒ DELETE  
NAME **HILSTROM, EDWARD**  
STREET ADDRESS **2111 CRYSTAL DR. #4**  
CITY-ST-ZIP **FT MYERS FL**

TITLE **VPD** ☐ DELETE  
NAME **BAGAASON, SUSAN R**  
STREET ADDRESS **2135 CRYSTAL DRIVE, #43**  
CITY-ST-ZIP **FT MYERS FL**

TITLE **D** ☐ DELETE  
NAME **JURICK, RONDA**  
STREET ADDRESS **2135 CRYSTAL DR, #26**  
CITY-ST-ZIP **FT MYERS FL 33907**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **TREASURER** ☐ Change ☒ Addition  
3.2 NAME **PATRICK McNULTY**  
3.3 STREET ADDRESS **5554 NATOMA DR**  
3.4 CITY-ST-ZIP **FORT MYERS, FL 33919**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ellen Draa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99 944-939-4724  
Date Daytime Phone #

CR2E037 (11/98)