


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90071 028 ****61.25

DOCUMENT # N02290 1. Entity Name BALTUSROL VILLAGE CONDOMINIUM ASSOCIATION, INC. AT THE HIDEAWAY COUNTRY CLUB			
Principal Place of Business 15660 SAN CARLOS BLVD SUITE 40 FORT MYERS, FL 33908 US		Mailing Address 15660 SAN CARLOS BLVD SUITE 40 FORT MYERS, FL 33908 US	
P & M Property Management 14360 So. Tamiami Trail, Unit B Fort Myers, Florida 33912		P & M Property Management 14360 So. Tamiami Trail, Unit B Fort Myers, Florida 33912	
6. Name and Address of Current Registered Agent SAPP, PAUL 15660 SAN CARLOS BLVD. #40 P & M PROPERTY MGMT FORT MYERS, FL 33908		7. Name and Address of New Registered Agent Name _____ S _____ P & M Property Management 14360 So. Tamiami Trail, Unit B C Fort Myers, Florida 33912 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	D SUTTON, RON 5565 TRAILWINDS 212 FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DALLAS L. SEALE 5625 TRAILWINDS DR #401 FT. MYERS FL 33907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAXON, ROGER 15660 SAN CARLOS BLVD SUITE 40 FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROGER MAXON 5685 TRAILWINDS DR, 733 FT. MYERS, FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHRANTZ, MICHAEL 15660 SAN CARLOS BLVD., SUITE 40 FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL SCHRANTZ 5665 TRAILWINDS DR #612 FT. MYERS, FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STUBBER, BILL 5565 TRAIL WINDS 221 FORT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BILL STUBBERFIELD 5565 TRAILWINDS DR #221 FT. MYERS, FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VERIFAILLIE, AMY 5625 TRAIL WINDS DR 422 FORT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: MAR 22/07 233-936-8230 <small>Daytime Phone #</small>	