


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90278 036 ****61.25

DOCUMENT # 731989 1. Entity Name CONDOMINIUM ASSOCIATION OF EL RIO, INC.					
Principal Place of Business PROFESSIONALLY YOURS INC. 1342 SE 46TH LANE CAPE CORAL, FL 33904 US			Mailing Address PROFESSIONALLY YOURS INC. P.O. BOX 00831 CAPE CORAL, FL 33910 US		
2. Principal Place of Business P.O. Box 212 Suite, Apt. #, etc.			3. Mailing Address P.O. Box 212 Suite, Apt. #, etc.		
City & State ESTERO, FL Zip 33928		City & State ESTERO, FL Zip 33928		Country USA	
4. FEI Number 59-1660696		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEAGUE, GEORGE PROFESSIONALLY YOURS INC. 1342 SE 46TH LANE #3 CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name LORIAN DYERS CAM, CFPM Street Address (P.O. Box Number is Not Acceptable) 18557 IRIS RD. City FT. MYERS FL Zip Code 33912		
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 <u>Lorian Dyers CAM, CFPM</u> DATE <u>2/07/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 MCSHEEHY, ROBERT 4852 GOLF CLUB COURT # 1A N FORT MYERS, FL 33903	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REIERSEN, CHRISTINE A 4852 GOLF CLUB CT # 5A N FORT MYERS, FL 33903	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROUSE, ROBERTA 4732 ORANGE GROVE BLVD #2C N FORT MYERS, FL 33903	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUSSELL, TAMMY 4828 GOLF CLUB COURT #4B N. FT. MYERS, FL 33903	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROCKHEY, JOY 4732 ORANGE GROVE BLVD # 1C N FT MYERS, FL 33903	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROCKHEY, HAROLD 4732 ORANGE GROVE BLVD # 1C NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Delete			
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: <u>Dennis R. Crouse</u> <u>President</u> <u>2/7/05</u> <u>239-489-4863</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

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