2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State
08-15-2006 90003 039 ****61.25

DOCUMENT # 731989

1. Entity Name
CONDOMINIUM ASSOCIATION OF EL RIO, INC.

Principal Place of Business	Mailing Address
PO BOX 212 ESTERO, FL 33928 US	PO BOX 212 ~~P.O. BOX 100831~~ ESTERO, FL 33928 US

400101006

08012006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 212 Suite, Apt. #, etc.
City & State	City & State: Estero, FL
Zip / Country	Zip: 33928 / Country

4. FEI Number: 59-1660696 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~AYERS, LORIAM CAM~~ 18557 IRIS RD FORT MYERS, FL 33912	Name: LoriAnn Newberry, CAM, CPM Street Address (P.O. Box Number is Not Acceptable): 18557 Iris Rd. City: Ft. Myers FL Zip Code: 33967

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: LoriAnn Newberry, CAM, CPM LoriAnn Newberry 7/27/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 2006

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			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	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Dani MASON P.O. Box 212 Estero, FL 33928	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD REIERSEN, CHRISTINE A 4852 GOLF CLUB CT # 5A N FORT MYERS, FL 33903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CROUSE, ROBERTA 4732 ORANGE GROVE BLVD #2C N FORT MYERS, FL 33903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Ed VA/KANET P.O. Box 212 Estero, FL 33928	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROCKHEY, JOY 4732 ORANGE GROVE BLVD # 1C N FT MYERS, FL 33903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Peggie Hester P.O. Box 212 Estero, FL 33928	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROCKHEY, HAROLD 4732 ORANGE GROVE BLVD # 1C NORTH FORT MYERS, FL 33903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Krista Elder P.O. Box 212 Estero, FL 33928	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Danielle Mason, President Danielle Mason 7/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #