


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2007 NOV 13 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # 731989</b>			
1. Entity Name CONDOMINIUM ASSOCIATION OF EL RIO, INC.			
Principal Place of Business PO BOX 212 ESTERO, FL 33928 US		Mailing Address PO BOX 212 P.O. BOX 100831 ESTERO, FL 33928 US	
2. Principal Place of Business - No P.O. Box # 18557 Iris Rd.		3. Mailing Address P.O. Box 212	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft. Myers, FL		City & State ESTERO, FL	
Zip 33967		Zip 33928-0212	
Country USA		Country USA	
4. FEI Number 59-1660696		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEWBERRY, LORIAN 18557 IRIS RD FT MYERS, FL 33967		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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: <u>Lori Ann Newberry</u> DATE: <u>3/1/07</u> (NOTE: Registered Agent signature required when reinstating)			
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	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	TO 600110863236 11/21/07--01048--009 **183.75 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASON, DANI PO BOX 212 ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600110863236 10/16/07--01056--005 **61.25 <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	VPO Peggie Hester P.O. Box 212 ESTERO FL 33928-0212 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ed Valkmet P.O. Box 212 ESTERO, FL 33928-0212 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO Dominick Agnello P.O. Box 212 ESTERO, FL 33928-0212 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Lori Ann Newberry P.O. Box 212 ESTERO, FL 33928-0212 <input type="checkbox"/> Change <input checked="" 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: <u>Lori Ann Newberry</u>		Date: <u>4/17/07</u> 239-489-4863	

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