

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90029 020 ****61.25

DOCUMENT # 738101 1. Entity Name ANNA MARIA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4117 SE 19 PL., #208 CAPE CORAL, FL 33904			Mailing Address 4117 SE 19 PL., #208 CAPE CORAL, FL 33904		
2. Principal Place of Business - No P.O. Box # 4113 SE 19TH PL		3. Mailing Address 4113 SE 19TH PL			
Suite, Apt. #, etc. #100		Suite, Apt. #, etc. #100			
City & State CAPE CORAL FL		City & State CAPE CORAL FL			
Zip 33904		Country USA		Zip 33904	
Country USA		Country USA			
4. FEI Number 59-1886019					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent HANSEN, RAY W 4117 SE 19 PL., #208 CAPE CORAL, FL 33904					
7. Name and Address of New Registered Agent Name LINDA LEDEL Street Address (P.O. Box Number is Not Acceptable) 4113 SE 19TH PLACE #100 City CAPE CORAL FL Zip Code 33904					
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><i>Linda Ledel</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
TITLE	D <input type="checkbox"/> Delete				
NAME	HARMER, ROBERT				
STREET ADDRESS	4117 SE 19TH PLACE #207				
CITY-ST-ZIP	CAPE CORAL, FL 33904				
TITLE	VD <input checked="" type="checkbox"/> Delete				
NAME	SULLIVAN, JACK				
STREET ADDRESS	4109 SE 19TH PLACE #204				
CITY-ST-ZIP	CAPE CORAL, FL 33904				
TITLE	P <input type="checkbox"/> Delete				
NAME	LEDEL, LINDA				
STREET ADDRESS	4113 S.E. 19 PLACE #106				
CITY-ST-ZIP	CAPE CORAL, FL 33904				
TITLE	SD <input type="checkbox"/> Delete				
NAME	SCOTT, ROSE				
STREET ADDRESS	1949 SOUTHEAST BEACH PARK WAY #116				
CITY-ST-ZIP	CAPE CORAL, FL 33904				
TITLE	TD <input checked="" type="checkbox"/> Delete				
NAME	HANSEN, RAY				
STREET ADDRESS	4117 SE 19TH PLACE, #208				
CITY-ST-ZIP	CAPE CORAL, FL 33904				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	YOUNG, BELMIRA				
STREET ADDRESS	4117 SE 19TH PL #108				
CITY-ST-ZIP	CAPE CORAL, FL 33904				
TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	DOELLE, BARBARA				
STREET ADDRESS	1941 BEACH PKWY #212				
CITY-ST-ZIP	CAPE CORAL FL 33904				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SCOTT, ROSE				
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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><i>Linda Ledel, President</i></u> 2/8/08 239 542-6669 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					