

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90021 015 ****61.25

DOCUMENT # 739205

1. Entity Name
MARK I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2517 SANTA BARBARA BLVD #11
CAPE CORAL, FL 33914 US**

Mailing Address
**% PROFESSIONAL YOURS, INC.
P O BOX 100831
CAPE CORAL, FL 33910 US**

40035062



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02142007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1634443

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

**TEAGUE, GEORGE
PROFESSIONALLY YOURS INC
8270 COLLEGE PKWY #103
FORT MYERS, FL 33919**

Name

Street Address (P.O. Box Number is Not Acceptable)

2503 Del Prado blvd. #500

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE **D** ☐ Delete
NAME **TURNER, WILLIAM JR**
STREET ADDRESS **217 GRAFTON ST**
CITY-ST-ZIP **SHREWSBURY, MA 01545**

TITLE **SD** ☒ Delete
NAME **REYNOLDS, JUDITH**
STREET ADDRESS **3905 DEL PRADO BLVD D204**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE **P** ☐ Delete
NAME **KANE, JOSEPH**
STREET ADDRESS **4341 STONEGATE DR**
CITY-ST-ZIP **ASHTABULA, OH 44004**

TITLE **VD** ☐ Delete
NAME **MUELLER, BUD**
STREET ADDRESS **650 BUTLER DR**
CITY-ST-ZIP **LAKE ORION, MI 48632**

TITLE **TD** ☐ Delete
NAME **MARELLA, DEE**
STREET ADDRESS **3907 DEL PRADO BLVD C104**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Sect. James Reynolds**
STREET ADDRESS **3905 Del Prado blvd. D204**
CITY-ST-ZIP **Cape Coral, FL 33904**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #