

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90096 002 ****61.25

DOCUMENT # 739414

1. Entity Name
CORAL DEL RIO II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
AM. CONDO MGMT INC
909 SE 42TH TERR, STE 105
CAPE CORAL, FL 33904

Mailing Address
C/O AM. CONDO MGMT, INC.
PO BOX 100399
CAPE CORAL, FL 33904 US

60037649



2. Principal Place of Business
C/O American Condo Mgmt

3. Mailing Address
C/O American Condo Mgmt

Suite, Apt. #, etc.
615 Cape Coral Pkwy W #103

Suite, Apt. #, etc.

City & State
Cape Coral, FL

City & State

Zip
33914

Country

Zip

Country

02272006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1743368

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KASE, SUSAN
909 SE 47TH TERR, STE 105
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent

Name

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

615 Cape Coral Pkwy W #103

City

FL *33914*

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
DOWELL, BARBARA
4104 SE 18TH AVE #1A
CAPE CORAL, FL 33904 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TOWNSHEND, CAROLYN
4104 SE 18TH AVE
CAPE CORAL, FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BELEW, BILL
4104 SE 18TH AVE #2A
CAPE CORAL, FL 33904 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
FANTHER, WALLACE
1807 SE 41ST ST, @21
CAPE CORAL, FL 33904 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ANDERSON, JAMES
1807 SE 40TH TERR
CAPE CORAL, FL 33904 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

VD
CHARLES Semchena
4403 AUBURN
ROYAL OAK, MI 48073 ☐ Change ☒ Addition

PD
WALLACE Feather ☒ Change ☐ Addition

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

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

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:

Barbara Dowell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/06

Date

239-5462
4404

Daytime Phone #