

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90072 026 \*\*\*\*61.25

**DOCUMENT # 739506**

1. Entity Name  
**CAXAMBAS TOWER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**1036 S COLLIER BLVD  
MARCO ISLAND, FL 34145 US**

Mailing Address  
**PO BOX 363  
MARCO ISLAND, FL 34146 US**



03122005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1901000**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GREUSEL, JAMIE B  
1104 NORTH COLLIER BLVD  
MARCO ISLAND, FL 34145**

**DO NOT WRITE  
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
HALASCHAK, BERNARD  
1036 S. COLLIER BLVD #102  
MARCO ISLAND, FL 34145**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
DRAHEIM, JUDGE N  
P O BOX 424  
CLARION, IA**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MCCURDY, SUE  
1036 S. COLLIER BLVD #204  
MARCO ISLD, FL 34145**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
HANNIGAN, JOHN  
1036 CLOUD CREST DR  
GREENTOWN, PA 18426**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
O'CONNOR, JOAN  
1036 S. COLLIER BLVD #402  
MARCO ISLAND, FL 34145**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ZINN, BUD  
1427 MAPLE AVE, UNIT 7  
PEWAUKEE, WI 53072**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

*John Hannigan, President*

**3/18/05 239-389-0437**