2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #739506



FILED

Apr 10, 2006 8:00 am Secretary of State

04-10-2006 90287 045 ****61.25

CAXAMBAS TOWER CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address **1036 S COLLIER BLVD** PO BOX 363 MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34146 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number 59-1901000 Applied For Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GREUSEL, JAMIE B Street Address (P.O. Box Number is Not Acceptable) 1104 NORTH COLLIER BLVD MARCO ISLAND, FL 34145 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. VP TITLE ☐ Delete TITLE Change ☐ Addition HALASCHAK, BERNARD NAME NAME 1036 S. COLLIER BLVD #102 STREET ADDRESS STREET ADDRESS MARÇO ISLAND, FL 34145 CITY-ST-79P CITY-ST-78P TITLE ☐ Delete TITLE ☐ Change ☐ Addition DRAHEIM, JUDGE N NAME STREET ADDRESS P O BOX 424 STREET ADDRESS CITY-ST-ZIP CLARION, IA CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MCCURDY, SUE NAME 1036 S. COLLIER BLVD #204 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARCO ISLD, FL 34145 CITY-ST-ZIP Yresident Change TITLE Delete TITLE ☐ Addition HANNIGAN, JOHN NAME NAME 1036 CLOUD CREST DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GREENTOWN, PA 18426 CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE O'CONNOR, JOAN NAME NAME STREET ADDRESS 1036 S. COLLIER BLVD #402 STREET ADDRESS MARCO ISLAND, FL 34145 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ZINN, BUD NAME NAME 1427 MAPLE AVE, UNIT 7 STREET ADDRESS STREET ADDRESS PEWAUKEE, WI 53072 CITY-ST-ZIP CITY-ST-7IP

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:

BEDNARD HALASCHOK

239.389.1536

Daytime Phone #

Director 6003606

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