2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State
02-22-2007 90028 035 ****61.25

DOCUMENT # 739506

1. Entity Name

CAXAMBAS TOWER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1036 S COLLIER BLVD MARCO ISLAND FL 34145 US	PO BOX 363 MARCO ISLAND FL 34146 US

1st MOORE CR2E037 (10/06)

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

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	7. Name and Address of New Registered Agent
GREUSEL, JAMIE B 1104 NORTH COLLIER BLVD MARCO ISLAND FL 34145	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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

FILE NOW: 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALASCHAK, BERNARD 1036 S. COLLIER BLVD #102 MARCO ISLAND FL 34145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DRAHEIM, JUDGE N P O BOX 424 CLARION IA	☑ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Cathy Ballinger 1036 S. Collier Blvd, PH A Marco Island, FL 34145	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCURDY, SUE 1036 S. COLLIER BLVD #204 MARCO ISLD FL 34145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HANNIGAN, JOHN 1036 CLOUD CREST DR GREENTOWN PA 18426	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARPENTER, KENNETH 6681 BURGER SE GRAND RAPIDS MI 49546	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZINN, BUD 1427 MAPLE AVE , UNIT 7 PEWAUKEE WI 53072	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Zinn, Bud 1036 S. Collier Blvd, PH B Marco Island, FL 34145	☑ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 1-30-07 239642-6404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #