
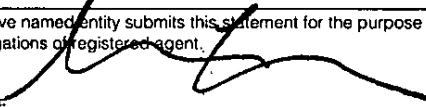
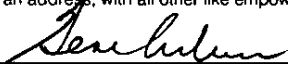


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90173 041 ****61.25

DOCUMENT # 747653 1. Entity Name NU-VIEW CONDOMINIUM ASSOCIATION, INC.																																																																																																																							
Principal Place of Business 805 SE 46TH LN CAPE CORAL, FL 33904 US			Mailing Address PROFESSIONALLY YOURS INC PO BOX 100831 CAPE CORAL, FL 33910 US																																																																																																																				
2. Principal Place of Business		3. Mailing Address																																																																																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																					
City & State		City & State																																																																																																																					
Zip	Country	Zip	Country	4. FEI Number 59-2034482																																																																																																																			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																																			
TEAQUE, GEORGE PROFESSIONALLY YOURS INC 8270 COLLEGE PKWY, # 103 FORT MYERS, FL 33919				Name: <u>George Teague</u> Street Address (P.O. Box Number is Not Allowed): 2517 Santa Barbara Blvd., #11 City: Cape Coral, FL 33904																																																																																																																			
8. The above named entity submits this statement for the purpose of changing its registered office to the obligations of registered agent.																																																																																																																							
SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																			
Make check payable to Florida Department of State																																																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. 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BOX 100831 CAPE CORAL, FL 339100831</td> <td style="padding: 5px; text-align: right;"><input checked="" type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. 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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																							
<small>Date Daytime Phone #</small>																																																																																																																							