

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 05, 2005
Secretary of State

DOCUMENT# 750195

Entity Name: LORA LANE I CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**13174 REGENT CIRCLE
FT. MYERS, FL 33912**New Principal Place of Business:**VIDA BONITA PROPERTIES
P.O. BOX 151149
CAPE CORAL, FL 33915**Current Mailing Address:**13174 REGENT CIRCLE
FT. MYERS, FL 33912**New Mailing Address:**VIDA BONITA PROPERTIES
P.O. BOX 151149
CAPE CORAL, FL 33915**FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BARGER, G. WILLIAM
13174 REGENT CIRCLE
FT. MYERS, FL 33912 US**Name and Address of New Registered Agent:**DUQUE, LUIS
P.O. BOX 151149
CAPE CORAL, FL 33915 US

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.

SIGNATURE: LUIS DUQUE

10/05/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: BARGER, G. WILLIAM,
Address: 13174 REGENT CIRCLE
City-St-Zip: FT MYERS, FL 33912

Title: D () Delete
Name: BARGER, GLENN W.,
Address: 6760 ST. IVES
City-St-Zip: FT. MYERS, FL 33912

Title: D (X) Delete
Name: GELB, RON
Address: 752 PINE ST.
City-St-Zip: FT. MYERS, FL 33916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: DUQUE, LUIS,
Address: P.O. BOX 151149
City-St-Zip: CAPE CORAL, FL 33915

Title: D (X) Change () Addition
Name: DUQUE, JESSICA,
Address: P.O. BOX 151149
City-St-Zip: CAPE CORAL, FL 33915

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS DUQUE

PDT

10/05/2005

Electronic Signature of Signing Officer or Director

Date