

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750195

FILED  
May 14, 2007  
Secretary of State

**Entity Name:** LORA LANE I CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

VIDA BONITA PROPERTIES  
P.O. BOX 151149  
CAPE CORAL, FL 33915

**New Principal Place of Business:**

VIDA BONITA PROPERTIES  
121 NE 24TH TER  
CAPE CORAL, FL 33909

**Current Mailing Address:**

VIDA BONITA PROPERTIES  
P.O. BOX 151149  
CAPE CORAL, FL 33915

**New Mailing Address:**

**FEI Number:** 20-4019305      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DUQUE, LUIS  
P.O. BOX 151149  
CAPE CORAL, FL 33915      US

**Name and Address of New Registered Agent:**

DUQUE, LUIS  
121 NE 24TH TER  
CAPE CORAL, FL 33909      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

05/14/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

MGR

05/14/2007

Electronic Signature of Signing Officer or Director

Date