

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 31, 2006 08:00 AM
Secretary of State**

DOCUMENT # 752658 1. Entity Name LORD JAMES II CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 920 S.E. 46TH STREET CAPE CORAL, FL 33904	Mailing Address 920 S.E. 46TH STREET CAPE CORAL, FL 33904
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01162008 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1963093	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MULLAN, GEORGE 920 S.E. 46TH STREET, APT 1A CAPE CORAL, FL 33904
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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEAVER, ALAN F 920 SE 46TH STREET CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WENDOLOSKI, DELORES 920 SE 46TH STREET CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULLAN, GEORGE T. 920 SE 46TH ST CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LYNN, JAMES J 920 SE 46TH STREET CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/10/06-80053-024 61.25

**DO NOT WRITE
IN THIS SPACE**

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 517, 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: George T. Mullan 239-542-1937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #