

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90025 022 \*\*\*\*61.25

**DOCUMENT # 753497**

1. Entity Name  
EL RIO II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
PROFESSIONALLY YOURS INC  
1342 SE 46TH LANE #3  
CAPE CORAL, FL 33904 US

Mailing Address  
PROFESSIONALLY YOURS INC  
PO BOX 100831  
CAPE CORAL, FL 33910-0831 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-2207959

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CAMPBELL, PHILIP  
PROFESSIONALLY YOURS INC  
1342 SE 46TH LANE #3  
CAPE CORAL, FL 33904

Name George Teague  
Street Address (If Not Applicable)  
Professionally Yours, Inc.  
8270 College Pkwy. #103  
City Ft. Myers, FL 33919

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

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 PD ☐ Delete  
NAME KOZLOWSKI, RON  
STREET ADDRESS 3703 SE 10TH AVE APT 4  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Delete  
NAME KOHL, MELVIN  
STREET ADDRESS 3703 SE 10TH AVE APT 1  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Change ☒ Addition  
NAME VD  
STREET ADDRESS Donald Chamberlain  
CITY-ST-ZIP 3703 SE 10th Ave Apt. 7

TITLE STD ☐ Delete  
NAME CASE, ALAN  
STREET ADDRESS 3703 SE 10TH AVE APT 2  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Ron Kozlowski Pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/05 239-541-1595  
Date Daytime Phone #