

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-05-2006 90173 033 \*\*\*\*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**

**40086118**



2. Principal Place of Business

3. Mailing Address

**2517 Santa Barbara Blvd., #11**  
**Cape Coral, FL 33914**

te, Apt. #, etc.

y & State

03022006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-2207959**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

Country  
**US**

Zip

Country

6. Name and Address of Current Registered Agent

**TEAGUE, GEORGE**  
**PROFESSIONALLY YOURS INC.**

**2517 Santa Barbara Blvd., #11**  
**Cape Coral, FL 33914**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

I am familiar with, and accept the obligations of registered agent, the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD**  
**CHAMBERLAIN, DONALD**  
**3703 SE 10TH AVE APT 7**  
**CAPE CORAL, FL 33904** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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☐ Change ☐ Addition

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:**

*Ronald Kozlowski* **Ronald Kozlowski, Pres.** **4-21-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #