

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 761592

1. Entity Name
TUDOR VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
4822 TUDOR DR
CAPE CORAL, FL 33904

Mailing Address
4822 TUDOR DR
CAPE CORAL, FL 33904



02102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2414289

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANSSON, LARS T
1504 SW 56 TERR
CAPE CORAL, FL 33914

**DO NOT WRITE
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

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, 2005

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
STD
MANSSON, ANDERS H
523 SW 53 TERR
CAPE CORAL, FL 33914

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
MANSSON, LARS T
1504 SW 56 TERR
CAPE CORAL, FL 33914

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVP
WALLIN, PHYLLIS
1823 W DUNNROBIN CT
PEORIA, IL 61614

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: X

Lars Mansson LARS MANSSON *Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #