


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90026 006 ****61.25

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	
2. Principal Place of Business - No P.O. Box # % American Condo MGMT Suite, Apt. #, etc. POB 100399		3. Mailing Address % American Condo MGMT Suite, Apt. #, etc. POB 100399	
City & State CAPE CORAL, FL		City & State CAPE CORAL, FL	
Zip 33910	Country	Zip 33910	Country
4. FEI Number 59-2414289		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANSSON, LARS T 1504 SW 56 TERR CAPE CORAL, FL 33914		7. Name and Address of New Registered Agent Name <u>SUSAN KASE, CAM</u> Street Address (P.O. Box Number is Not Acceptable) % AMERICAN CONDO MGMT 1615 CAPE CORAL PKWY W. #103 City <u>CAPE CORAL, FL</u> Zip Code <u>33914</u>	
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 <u>Susan Kase</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>		<u>SUSAN KASE</u> 4/19/07 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 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	ST SONERIK SETTERGREN 5205 SARASOTA CT CAPE CORAL, FL 33904
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	VP JEAN MANSSON 5205 SARASOTA CT CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WALLIN, PHYLLIS 1823 W DUNNROBIN CT PEORIA, IL 61614	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JIM WIEDL 4822 TUDOR DR #D CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Jim Wiedl</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>JIM WIEDL</u> 4/30/07 239-549-7581 <small>Date Daytime Phone #</small>	

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