## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 11, 2006 8:00 am Secretary of State

DOCUMENT # 761676  1. Entity Name PORTS OF IONA CONDOMINIUM ASSOCIATION, INC.						Secretary of State 04-11-2006 90109 011 ****61.25				
Principal Place of Business 15110 & 15120 PORTS OF IONA DR FORT MYERS, FL 33908  Mailing Address 16681 MCGREGOR BLVD 104 FORT MYERS, FL 33908										
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01102006	Chg-NP	CR2E037	(11/05)		
City & State		City & State				4. FEI Number Applied For 59-2370095 Not Applied by				
Zip	Country	Zip		Coun	ntry	5. Certificate of	of Status Desired		8.75 Add se Required	
	6. Name and Address of Current	Registere	d Agent		, .	7. Name and	Address of New	Registered A	gent	
DILLER, BEATRICE 16681 MCGREGAR BLVD # 104					Name TOP Management of 5.W FI Inc Street Address (P.O. Box Number is Not Acceptable)					
	ERS, FL 33908									
				ľ	City FL Zip Code					e
8. The above the obligat	named entity submits this statement for ions of registered agent.	or the purp	ose of changing its re	egistered	d office or regist	tered agent, or both	, in the State of	Florida. I am fa	miliar with,	and accept
	•									
SIGNATURE .										
	Signature, typed or printed name of registered agent	and title if app	oficable. (NOTE:	Registered a	Agent agneture requir	red when reinstating)		DATE		
	Sgrature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2006	and title if app	9. Election Camp Trust Fund Co	paign Fin	nancing	\$5.00 May Be Added to Fees	, FI	Make check orlda Departr		
10.	Filing Fee is \$61.25		9. Election Camp Trust Fund Co	paign Fin	nancing	\$5.00 May Be	FI	Make check orlda Departr	nent of St	ate
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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:

MIGNATURE AND TYPED OR PRINTED HABLE OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #