## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

## **FILED** Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90200 001 \*\*\*\*61.25

04491

☐ Change ☐ Addition

1. Entity Nam	MENT # 761889 VERN CONDOMINIUM AS	SSOCIATION, INC.				00 001 *****61.25	
Principal Plac 1118-1124 CAPE CORAL	SE 47TH TERR	Mailing Address C/O AMERICAN CONDO N PO BOX 100399 CAPE CORAL, FL 33910				£18(1 8(8)) 8(8)( 8(8)(8) 81 81 818)	
2. Principal P	Place of Business	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03142005 <sub>C</sub>	hg-NP CR2E	5037 (10/03)	
City & Stat	e	City & State		4. FEI Number 59-238260	)8	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of S	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Add	Iress of New Registere	d Agent	
1	KASE, SUSAN M			Name			
C/O AMERICAN CONDO MGMY 909 SE 47TH TERRACE, STE 105 CAPE CORAL, FL 33904			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
			City		F	Zip Code	
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005	9. Election Cam Trust Fund Cc		quired when reinstating)  \$5.00 May Be Added to Fees		eck payable to	
10.	OFFICERS AND DI	ECTORS	11,		ES TO OFFICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PFISTER, HARRY SR 1124 SW 48TH TERRACE CAPE CORAL, FL 33914	Delete		STD DA	UID Kupcz 153 W. 56 hicago, I	Y K  Change SAddition  Y K  **EM S**-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THEURETZBACHER, HEINZ 5619 SW 14TH AVE CAPE CORAL, FL 33914	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KUPCZYK, DAVID 4553 W 56TH ST CHICAGO, IL 60629	🌠 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRI 1124 Cap	y Pfister, SW 48+1 CORAL, A	SR. Addition  SR. # 205  7. 339/4	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1011 S	Tupczyk. HARDING	Change Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	MARK	Bunting Bunting	☐ Change Addition	

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.

IIILE

NAME

☐ Delete

STREET ADDRESS CITY-ST-ZIP

CITY+ST-7IP

SIGNATURE: Memily MUNCHON HEINRICH THEURETZBACHER 3/23/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dale Daysmo Pho	one #