


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90401 017 ****61.25

DOCUMENT # 763226			
1. Entity Name CONDOMINIUM ASSOCIATION OF THE VILLAGE, INC.			
Principal Place of Business 2135 CRYSTAL DR. BOX 20A FT. MYERS, FL 33907		Mailing Address C/O BENSON'S INC 12650 WHITEHALL DR FT. MYERS, FL 33907 US	
2. Principal Place of Business 2135 CRYSTAL DR		3. Mailing Address C/O APEX MANAGEMENT	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 11595 KELLY RD #110	
City & State FORT MYERS FL		City & State FORT MYERS FL	
4. FEI Number 59-2228609		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04102006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent BENSON, MARK R C/O BENSON'S, INC 12650 WHITEHALL DR FT MYERS, FL 33907		7. Name and Address of New Registered Agent Name APEX MANAGEMENT SERVICES OF LEE COUNTY INC Street Address (P.O. Box Number is Not Acceptable) 11595 KELLY RD STE #110 FORT MYERS FL 33908	
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 Grace J. Murray, CAM		GRACE J. MURRAY, MANAGING AGENT 4-10-06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JURICK, RONDA 2131 CRYSTAL DR #26 FORT MYERS, FL 33907 <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	VD SUMMERS, BRENDA J 2124 CRYSTAL DR #37 FT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEWLON, RENATE 2121 CRYSTAL DR #17 FORT MYERS FL 33907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHEVALIER, NICOLE 2131 CRYSTAL DR #27 FORT MYERS, FL 33907 <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	TD KUNKTZ, CASEY 2135 CRYSTAL DR #44 FORT MYERS, FL 33907 <input checked="" 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	D CZOSCHKE, CATHY A 2135 CRYSTAL DR #28 FORT MYERS, FL 33907 <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	D RUSKA, TARA 2135 CRYSTAL DR #49 FORT MYERS FL 33907 <input type="checkbox"/> Change <input checked="" 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: Ronda C. Jurick		RONDA C. JURICK, PRES. 4-11-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	