


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90044 009 \*\*\*\*61.25

**DOCUMENT # 763226**  
 1. Entity Name  
**CONDOMINIUM ASSOCIATION OF THE VILLAGE, INC.**



Principal Place of Business  
 2135 CRYSTAL DR.  
 FT. MYERS, FL 33907

Mailing Address  
 C/O APEX MGMT  
 11595 KELLY RD 110  
 FORT MYERS, FL 33908 US

30001700



2. Principal Place of Business - No P.O. Box #  
**13611 MCGREGOR BLVD**

3. Mailing Address  
**13611 MCGREGOR BLVD**

Suite, Apt. #, etc.  
**STE 6**

Suite, Apt. #, etc.  
**STE 6**

04022008 Chg-NP CR2E037 (12/06)

City & State  
**FORT MYER FL**

City & State  
**FORT MYERS FL**

Zip  
**33919**

Country  
**USA**

Zip  
**33919**

Country  
**USA**

4. FEI Number  
**59-2228609**

Applied For  
 Additional Fee Required

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

6. Name and Address of Current Registered Agent  
**APEX MGMT SRVS OF LEE CTY INC**  
 11595 KELLY RD  
 STE 110  
 FORT MYERS, FL 33908

7. Name and Address of New Registered Agent  
 Name **APEX MANAGEMENT SERVICES**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13611 MCGREGOR BLVD**  
**STE 6**  
 City **FORT MYERS FL** Zip Code **33919**

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, CAM** **4-10-08**  
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, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

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	VD NEWLON, RENATE 2121 CRYSTAL DR. #17 FORT MYERS, FL 33907	<input type="checkbox"/> Delete
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	D WITT, ROBERT 2131 CRYSTAL DR #22 FORT MYERS, FL 33907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUSKA, TARA 2135 CRYSTAL DRIVE #49 FORT MYERS, FL 33907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: **Ronda Jurick** **RONDA JURICK** **4-10-08** **(239) 437-8400**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #