
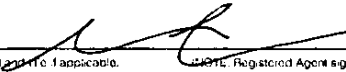
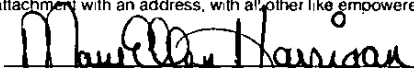


**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

50052086

<b>DOCUMENT # 763451</b>				<b>Secretary of State</b> 05-13-2005 90220 015 ****61.25	
1. Entity Name <b>THE RENDEZVOUS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O THE MANAGEMENT CONNECTION 8270 COLLEGE PARKWAY 103 FORT MYERS, FL 33919</b>		Mailing Address <b>C/O THE MANAGEMENT CONNECTION 8270 COLLEGE PARKWAY 103 FORT MYERS, FL 33919</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent <b>FREDEN, ARLENE A 8270 COLLEGE PKWY #103 FORT MYERS, FL 33919</b>		7. Name and Address of New Registered Agent <b>TEAGUE, GEORGE 8270 COLLEGE PKWY #103 FORT MYERS, FL 33919</b>			
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.		8. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
SIGNATURE  Signature, typed or printed name of registered agent and fee, if applicable.		GEORGE TEAGUE		3-25-05	
Filing Fee is \$61.25 Due by May 1, 2005		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		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
PD CORRIGAN, BARBARA 4021 SE 19TH AVE #201 CAPE CORAL, FL 33904		PD HARRIGAN, MARY ELLEN 4103 SE 19TH AVE #104 CAPE CORAL, FL 33904			
VPD WALTER, BARBARA 4109 SE 19TH AVE #106 CAPE CORAL, FL 33904		VPD DEL GROSS, ROBERT 4021 SE 19TH AVE #102 CAPE CORAL, FL 33904			
STD RITCHIE, MARIAN 4021 SE 19TH AVE #101 CAPE CORAL, FL 33904		STD DEL GROSS, ROBERT 4021 SE 19TH AVE #102 CAPE CORAL, FL 33904			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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.		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.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5/4/05 239) 335-2173 Date Day/Mo/Yr Phone #			