

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90030 025 \*\*\*\*61.25

<b>DOCUMENT # 763451</b> 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 - No P.O. Box # <b>2503 Del Prado Blvd.</b>		3. Mailing Address <b>P.O. box 100831</b>			
Suite, Apt. #, etc. <b># 500</b>		Suite, Apt. #, etc.			
City & State <b>Cape Coral FL</b>		City & State <b>Cape Coral, FL</b>			
Zip <b>33904</b>		Country <b>USA</b>		Zip <b>33910</b>	
Country <b>USA</b>		4. FEI Number <b>59-2261325</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>TEAGUE, GEORGE 8270 COLLEGE PKWY #103 FORT MYERS, FL 33919</b>			7. Name and Address of New Registered Agent Name <b>Teague, George</b> Street Address (P.O. Box Number is Not Acceptable) <b>2503 Del Prado Blvd. #500</b> City <b>Cape Coral</b> <b>FL</b> Zip Code <b>33904</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.  SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIGAN, MARY ELLEN 4103 SE 19TH AVE, # 104 CAPE CORAL, FL 33904	<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	VPD WALTER, BARBARA 4109 SE 19TH AVE #106 CAPE CORAL, FL 33904	<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	STD RITCHIE, MARIAN 4021 SE 19TH AVE 101 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<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	<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.					
<b>SIGNATURE:</b>			Date <b>7/9/07</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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