

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90021 005 ****61.25

DOCUMENT # 764052	
1. Entity Name	
DEL PRADO MALL PROFESSIONAL CONDOMINIUM ASSOCIATION, INC.	



Principal Place of Business	Mailing Address
1536 SE 14TH ST. CAPE CORAL FL 33990	1536 SE 14TH ST. CAPE CORAL FL 33990 US

2. Principal Place of Business	3. Mailing Address
1516 SE 14th St Suite, Apt. #, etc.	1516 SE 14th St Suite, Apt. #, etc.

City & State Cape Coral FL	City & State Cape Coral FL
Zip 33990	Country US



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent	
SMITH, MARK A 1536 SE 14TH ST. CAPE CORAL FL 33990	

4. FEI Number 59-2327556	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name William Ellison	
Street Address (P.O. Box Number is Not Acceptable) 1516 SE 14th St	
City Cape Coral	FL Zip Code 33990

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 *William J. Ellison* William Ellison, President 3/22/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	DT ANDERSON, LOIS 409 AVIATION PKWY CAPE CORAL FL 33904 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, MARK A 1536 SE 14TH ST. CAPE CORAL FL 33990 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ELLISON, WILLIAM 1516 SE 14TH STREET CAPE CORAL FL 33990 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNISELY, GENE 1514 SE 14TH ST. CAPE CORAL FL 33990 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Ellison, William 1516 SE 14th St Cape Coral FL 33990 <input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Huff, Mike 1504 SE 14th St Cape Coral FL 33990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Sheridan, Dee 1124 SE 32nd St Cape Coral FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lois Anderson* Lois Anderson, Treasurer 239-574-6919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #