

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90226 015 ****61.25

DOCUMENT # 768821

1. Entity Name
**THE SPRINGS OF SAN CARLOS CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**7008 CONSTITUTION BLVD
FT. MYERS, FL 33912 US**

Mailing Address
**C/O TOP MANAGEMENT
16681 MCGREGOR BLVD #104
FORT MYERS, FL 33908**

60033562



2. Principal Place of Business

P+m Property Management
Suite, Apt. #, etc.
15660 San Carlos Blvd, #40
City & State
Ft. Myers, FL
Zip
33908
Country

3. Mailing Address

P+m Property Management
Suite, Apt. #, etc.
15660 San Carlos Blvd, #40
City & State
Ft. Myers, FL
Zip
33908
Country

01232006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2485727

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TOP MANAGEMENT OF SW FL INC
16681 MCGREGOR BOULEVARD
SUITE 104
FT. MYERS, FL 33908**

7. Name and Address of New Registered Agent

Name **Paul Sapp**
Street Address (P.O. Box Number is Not Acceptable)
C/O P+m Property Management
15660 San Carlos Blvd, #40
City **Ft. Myers** FL Zip Code **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

Paul Sapp

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/06

**Filing Fee is \$61.25
Due by May 1, 2006**

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 PD ☐ Delete
NAME DUNCAN, W. T
STREET ADDRESS 18086 PIONEER RD
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE STD ☐ Delete
NAME LEBLANC, KAREN
STREET ADDRESS 18160 PIONEER RD
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE D ☐ Delete
NAME DUNCAN, G. T
STREET ADDRESS 29 ROBBIN RIDGE
CITY-ST-ZIP MILFORD, OH 45150

TITLE D ☐ Delete
NAME OPP, RALPH
STREET ADDRESS 6728 OAKLAND RD.
CITY-ST-ZIP LOVELAND, OH 45140

TITLE D ☐ Delete
NAME HAVERKAMP, DONALD
STREET ADDRESS 7008 CONSTITUTION BLVD, #73A
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/06

239-267-6479