

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90027 038 ****61.25

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|---|-----------------|
| DOCUMENT # 768821 | |
| 1. Entry Name THE SPRINGS OF SAN CARLOS CONDOMINIUM ASSOCIATION, INC. | |
| Principal Place of Business | Mailing Address |

P & M Property Management
14360 So. Tamiami Trail, Unit B
Fort Myers, Florida 33912

P & M Property Management
14360 So. Tamiami Trail, Unit B
Fort Myers, Florida 3390812

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| City & State | | City & State | | 01122007 | Chg-NP | CR2E037 (12/06) |
| Zip | | Country | | 4. FEI Number 59-2485727 | | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | |
| PAUL SAPP P & M Property Management 14360 So. Tamiami Trail, Unit B Fort Myers, Florida 33912 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| he purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept | | | | | | |
| SIGNATURE <i>Paul Sapp</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | | | | DATE <i>4-9-07</i> | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DUNCAN, W. T 18086 PIONEER RD FORT MYERS, FL 33908 | <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 LEBLANC, KAREN 18160 PIONEER RD FORT MYERS, FL 33908 | <input checked="" 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 | D DUNCAN, G. T 29 ROBBIN RIDGE MILFORD, OH 45150 | <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 | D OPP, RALPH 6728 OAKLAND RD. LOVELAND, OH 45140 | <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 | D HAVERKAMP, DONALD 7008 CONSTITUTION BLVD, #73A FORT MYERS, FL 33908 | <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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #