

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

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 768968</b>	
<b>1. Entity Name</b> LINDERHOF CONDOMINIUM ASSOCIATION, INC.	

<b>Principal Place of Business</b> LINDERHOF CONDOMINIUMS 1003 S.W. 47TH TERRACE CAPE CORAL FL 33914 US	<b>Mailing Address</b> LINDERHOF CONDOMINIUMS ASSOC. 1003 S.W. 47TH TERRACE #103 CAPE CORAL FL 33914 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
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<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
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1st MOORE CR2E037 (10/04)

<b>4. FEI Number</b> 59-2300704	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  BARBARA THOMAS 1003 S.W. 47TH TERRACE #103 CAPE CORAL FL 33914
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<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

**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.**

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable	<b>NOTE</b> Registered Agent signature required when reinstating	<b>DATE</b>
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<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> JOHN SCHWENN		<b>NAME</b>	
<b>STREET ADDRESS</b> 1003 S.W. 47TH TERRACE #101		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> CAPE CORAL FL		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> VD	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> SKEWES, RICHARD		<b>NAME</b>	
<b>STREET ADDRESS</b> 1003 SW 47TH TERRACE #204		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> CAPE CORAL FL		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> STD	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> THOMAS, BARBARA		<b>NAME</b>	
<b>STREET ADDRESS</b> 1003 SW 47TH TERR #103		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> CAPE CORAL FL		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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> <u>Barbara Thomas</u> <u>Barbara Thomas</u>	<u>Jan 31, '05</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Daytime Phone #</small>