2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State
01-25-2006 90027 022 ****70.00

DOCUMENT # 768968

1. Entity Name
LINDERHOF CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
LINDERHOF CONDOMINIUMS 1003 S.W. 47TH TERRACE CAPE CORAL, FL 33914 US	LINDERHOF CONDOMINIUMS ASSOC. 1003 S.W. 47TH TERRACE ~~#103~~ CAPE CORAL, FL 33914 US

01202006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1003 SW 47 TERR. Suite, Apt. #, etc. # 201
City & State	City & State CAPE CORAL FL
Zip / Country	Zip: 33914 / Country: LEE

4. FEI Number: 59-2300704 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARBARA THOMAS 1003 S.W. 47TH TERRACE #103 CAPE CORAL, FL 33914	Name: DIANE B. SMILES Street Address (P.O. Box Number is Not Acceptable): 1003 SW 47 TERR. - #201 City: CAPE CORAL FL Zip Code: 33914

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: _____ 1/23/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JOHN SCHWENN 1003 S.W. 47TH TERRACE #101 CAPE CORAL, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SKEWES, RICHARD 1003 SW 47TH TERRACE #204 CAPE CORAL, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD THOMAS, BARBARA 1003 SW 47TH TERR #103 CAPE CORAL, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DIANE B. SMILES 1003 SW 47 TERR #201 CAPE CORAL FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ 1/23/06 540-1331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #