2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 768968

1. Entity Name
LINDERHOF CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
LINDERHOF CONDIMINIUMS 1003 S.W. 47TH TERRACE CAPE CORAL, FL 33914 US	LINDERHOF CONDOMINIUMS ASSOC. 1003 S.W. 47TH TERRACE #201 CAPE CORAL, FL 33914 US

DO NOT WRITE IN THIS SPACE

01072007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2300704
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SMILES, DIANE B
1003 S.W. 47TH TERRACE #201
CAPE CORAL, FL 33914

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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 ____________________

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHN SCHWENN
STREET ADDRESS	1003 S W. 47TH TERRACE #101
CITY ST ZIP	CAPE CORAL, FL
TITLE	VD
NAME	SKEWES, RICHARD
STREET ADDRESS	1003 SW 47TH TERRACE #204
CITY ST ZIP	CAPE CORAL, FL
TITLE	STD
NAME	SMILES, DIANE B
STREET ADDRESS	1003 SW 47 TERR #201
CITY ST ZIP	CAPE CORAL, FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

U00000624345
02/14/07-80028-020 70.00

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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] 1/27/07 239-540-1331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #