

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90148 008 \*\*\*\*61.25

**DOCUMENT # 768968**

1. Entity Name  
**LINDERHOF CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**LINDERHOF CONDOMINIUMS  
1003 S.W. 47TH TERRACE  
CAPE CORAL, FL 33914 US**

Mailing Address  
**LINDERHOF CONDOMINIUMS ASSOC.  
1003 S.W. 47TH TERRACE #201  
CAPE CORAL, FL 33914 US**



2. Principal Place of Business - No P.O. Box #  
**1319 MIRAMAR ST**

3. Mailing Address  
**P.O. Box 151845**

Suite, Apt. #, etc.  
**Unit 101**

Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State  
**CAPE CORAL FL**

City & State  
**CAPE CORAL FL**

4. FEI Number  
**59-2300704**

Applied For  
Not Applicable

Zip  
**33904**

Country  
**USA**

Zip  
**33915**

Country  
**USA**

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

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

Name  
**PAOLA ZUNINO, CAM**

Street Address (P.O. Box Number is Not Acceptable)  
**1319 MIRAMAR ST**

**#101**

City  
**CAPE CORAL**

**FL**

Zip Code  
**33904**

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

*Paola Zunino*

**4/3/08**

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, 2008**

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  
STD  
ERSIVA PASSAQUA  
1003 SW 47TH TER #104  
CAPE CORAL, FL 33914 ☐ 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  
SMILES, DIANE B  
1003 SW 47 TERR #201  
CAPE CORAL, FL 33914 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT/D  
Name ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Days/Time Phone #