

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90115 037 \*\*\*150.00

**DOCUMENT # H22784**

1. Corporation Name

**CONDOMINIUM MANAGERS INC.**



Principal Place of Business

**D. CORCELLI/BLUEBILL PROPERTIES  
26201 HICKORY BLVD.  
BONITA SPRINGS FL 34134  
US**

Mailing Address

**D. CORCELLI/BLUEBILL PROPERTIES  
26201 HICKORY BLVD.  
BONITA SPRINGS FL 34134  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/26/1984**

4. FEI Number

**59-2451816**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax ☐ Yes ☒ No

2. Principal Place of Business

**21 4628 TAMiami TR E.**

2a. Mailing Address

**26 4628 TAMiami TR E.**

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

**23 NAPLES, FL**

City & State

**28 NAPLES, FL**

Zip

Country

**24 34112 25 US**

Zip

Country

**29 34112 30 US**

9. Name and Address of Current Registered Agent

**CORCELLI, DON  
26201 HICKORY BLVD.  
BONITA SPRINGS FL 33923**

10. Name and Address of New Registered Agent

81 Name

**MYRON L. PEDERSON**

82 Street Address (P.O. Box Number is Not Acceptable)

**4628 TAMiami TR E.**

83

84 City

**NAPLES**

**FL**

85 Zip Code

**34112**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

*Myron L. Pederson Pres*

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when reappointing)

**3/16/99**

Date

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CORCELLI, DONALD N	
STREET ADDRESS	26201 HICKORY BLVD.	
CITY-ST-ZIP	BONITA SPRINGS FL 32923	
TITLE	VDS	<input checked="" type="checkbox"/> DELETE
NAME	MARY E CORCELLI	
STREET ADDRESS	9060 GULF SHORE DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PEDERSON, MYRON	
STREET ADDRESS	4628 TAMiami TR E	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2

1: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2: NAME	
3: STREET ADDRESS	
4: CITY-ST-ZIP	
21: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22: NAME	
23: STREET ADDRESS	
24: CITY-ST-ZIP	
3: TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32: NAME	PD
33: STREET ADDRESS	Pederson, Myron
34: CITY-ST-ZIP	4628 TAMiami TR E
41: TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42: NAME	VDS
43: STREET ADDRESS	Pederson BRENDA
44: CITY-ST-ZIP	853 VANDERBILT Bch. Rd #203
51: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52: NAME	
53: STREET ADDRESS	
54: CITY-ST-ZIP	
61: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62: NAME	
63: STREET ADDRESS	
64: CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

*Myron L. Pederson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/16/99**

Date

**941-775-3224**

Daytime Phone #

CR2E034 (11/98)