

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90035 039 ****61.25

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DOCUMENT # N00000001558 1. Entity Name READYOFFICE AT RAILHEAD CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8960 BAY COLONY DR 701 NAPLES, FL 34108			Mailing Address 8960 BAY COLONY DR 701 NAPLES, FL 34108		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0834735	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RANEY, JAMES E 8960 BAY COLONY DR #701 NAPLES, FL 34108				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<div style="text-align: right;">FL</div> 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.					
SIGNATURE _____ (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. <input type="checkbox"/>		\$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	P	Delete <input checked="" type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	RODARE, WILLIAM		NAME		
STREET ADDRESS	4170 LOS ALTOS CT.		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34133		CITY - ST - ZIP		
TITLE	V	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	MCGREGOR, PAM		NAME		
STREET ADDRESS	P.O. BOX 2403		STREET ADDRESS		
CITY - ST - ZIP	BONITA SPRINGS, FL 34133		CITY - ST - ZIP		
TITLE	T	Delete <input type="checkbox"/>	TITLE	Secretary / Treasurer Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME	RANEY, JAMES E		NAME		
STREET ADDRESS	8960 BAY COLONY DR #701		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34108		CITY - ST - ZIP		
TITLE	S	Delete <input type="checkbox"/>	TITLE	President Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME	LUTHER, BOB		NAME		
STREET ADDRESS	P.O. BOX 366189		STREET ADDRESS		
CITY - ST - ZIP	BONITA SPRINGS, FL 34136		CITY - ST - ZIP		
TITLE	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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:			JAMES E. RANEY 01-23-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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