## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N00000001978**

1. Entity Name



ASSOCIA			CONDOMINIL	JM											
Principal Place of Business 1250 TAMIAMI TRAIL NORTH 101			125	Mailing Address 1250 TAMIAMI TRAIL NORTH 101				40078452							
Naples, fl	34102		NAP	LES, FL 34102											
2. Principal Place of Business			3. Ma	3. Mailing Address											
Suite, Apt. #, etc.			Si	Suite, Apt. #, etc.				04242006	Ch:	g-NP	CI	R2E03	7 (11/05	5)	
City & State	e		С	City & State				4. FEI Number Applied For 59-3635878 Not Applicable							
Zip	ip Country			Zip Co			y 5. Certificat			tus Desire	d [		\$8.75 / Fee Requ		onal
	6. Name	and Address o	f Current Register	ed Agent				7. Name ar	nd Addr	ess of Nev	w Regis	tered A	gent		
DANNO D	SEDDA A					Name				-					
DANNO, D 1250 TAM 101		NORTH		Stre			dress (P	.O. Box Num	ber is N	ot Accepta	able)				
NAPLES, I	FL 34102														
			<b>*</b>			City						FL	Zip C	ode	
			atement for the pur	pose of changing its	registere	ed office or re	egistere	d agent, or b	ooth, in t	he State of	f Florida	. I am f	amiliar w	ith, ar	nd accept
ille obligaț	tions of registe	ijeu agent													
SIGNATURE.	. 7		\$100 m												
Oldin Horiz	Signature, typed o	or printed name of reg	stered agent and title if at	oplicable. (NOTE	: Registered	d 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 Added to Fee		F			payable		e
10.	Due by M	ay 1, 2006	/ S AND DIRECTORS	Trust Fund C			J ,		es		lorida i	Depart	ment of	Stat	0
TITLE	PD PD	OFFICER	S AND DIRECTOR	Trust Fund C	11.	on. [	J ,	Added to Fee	es		lorida i	Depart	ment of	Stat	
TITLE NAME	PD EBERT, VI	OFFICER	i.	Trust Fund C	11. TITLE	on. [	J ,	Added to Fee	es		lorida i	Depart	ment of	Stat	0
TITLE	PD PD	OFFICER: VIAN LES BLVD	S AND DIRECTOR	Trust Fund C	11. TITLE NAME STREE	on. [	J ,	Added to Fee	es		lorida i	Depart	ment of	Stat	0
TITLE NAME STREET ADDRESS	PD EBERT, VI 5695 NAPI	OFFICER: VIAN LES BLVD	i.	Trust Fund C	11. TITLE NAME STREE	on.	J ,	Added to Fee	es		lorida i	Depart	ment of	Stat	0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EBERT, VI 5695 NAPI NAPLES, I	OFFICER: VIAN LES BLVD FL 34109	i.	Trust Fund C	11. TITLE NAME STREE	ET ADDRESS	J ,	Added to Fee	es		lorida i	Depart	RECTORS Chang	Stat	D Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD EBERT, VI 5695 NAPI VP ENGLE, B 5095 NAPI	OFFICER: VIAN LES BLVD	i.	Trust Fund C	11. TITLE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS ST-ZIP EET ADDRESS	J ,	Added to Fee	es		lorida i	Depart	RECTORS Chang	Stat	D Addition
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I hereby certify that the information supplied with this filling 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:

ED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

**FILED** 

May 02, 2006 8:00 am Secretary of State 05-02-2006 90173 007 \*\*\*\*61.25