

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2007 8:00 am Secretary of State

DOCUMENT # N0100000730 1. Entity Name EL-NIDO TOWNHOMES ASSOCIATION, INC.						04-25-200	7 90183 04	13 ****(51.25
Principal Place of Business 9931 1ST STREET E TREASURE ISLAND, FL 33706 C/O PROFESSIONAL CONDO 2181 INDIAN ROCKS RD S S LARGO, FL 33774			ONDO CON RD S STE	ICEPTS	·	A SIA I IIA II AAN II SENI SE	11 53 10 63 14 63 14 1	10 760 (614 40	11181 &1 1861
Principal Place of Business - No P.O. Box # Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04032007	Chg-NP	CR2E037	(12/06)	
City & State		City & State			4. FEI Numbe NOT AP	PLICABLE			oplied For ot Applicable
Zip	Country	Zip	Coun	itry	5. Certificate	of Status Desired		8.75 Add e Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
WILSON, LAWRENCE W			1	Name					
9923 1ST ST E TREASURE ISLAND, FL 33706-3203				Street Address (P.O. Box Number is Not Acceptable)					
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				City			FL	Zip Codi	ө
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its	s registered	d office or regi	istered agent, or bot	h, in the State of Fl	orida. I am fan	niliar with,	and accept
SIGNATURE									
	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	TE: Registered	Agent signature req	quired when reinstating)		DATE		
; ;	Filling Fee is \$61.25 Due by May 1, 2007	9. Election Car Trust Fund (mpaign Fir	nancing	\$5.00 May Be Added to Fees	· 1	DATE fake check p rida Departm	-	
: 10.	Filing Fee is \$61.25	9. Election Car Trust Fund (mpaign Fir	nancing	\$5.00 May Be Added to Fees	· 1	fake check p rida Departm	ent of St	iate
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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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SKONING OFFICER OR DIRECTOR

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Daytime Phone #