2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000004375

1. Entity Name
EL NIDO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4851 RIVERSIDE DR ESTERO, FL 33928	4851 RIVERSIDE DR ESTERO, FL 33928

DO NOT WRITE IN THIS SPACE

02162004 No Chg-NP CR2E037 (10/03)

4. FEI Number
01-0621190
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JAUREGUI, ALBERTO
4851 RIVERSIDE DR
ESTERO, FL 33928

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JAUREGUI, ALBERTO
STREET ADDRESS	4851 RIVERSIDE DR
CITY-ST-ZIP	ESTERO, FL 33928
TITLE	D
NAME	JAUREGUI, DEBRA V
STREET ADDRESS	4851 RIVERSIDE DR
CITY-ST-ZIP	ESTERO, FL 33928
TITLE	D
NAME	SISSON, LOUIS F III
STREET ADDRESS	6315 E PRESIDENTIAL CT
CITY-ST-ZIP	FT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/25/04-80082-023 61.25

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12. 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 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: _____ 03-11-04 239-340-1068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ALBERTO JAUREGUI, PRES.