## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Mar 01, 2006 8:00 am Secretary of State 03-01-2006 90014 049 \*\*\*\*61.25

| DOCUMENT # N0100006761  1. Entity Name PALM BREEZE CONDOMINIUM ASSOCIATION, INC.   |  |  |  |  |                         |  | 03-01-20                               | 06 900                        | 14 049 **                                | **61                     | .25  |
|--|--|--|--|--|-------------------------|--|--|-------------------------------|--|--------------------------|--|
| Principal Place of Business<br>841 SW 47TH TERR<br>CAPE CORAL, FL 33914  |  | Mailing Address<br>841 SW 47TH TERR<br>CAPE CORAL, FL 33914                          |  |  |                         | TOTAL WELL COMMON                            | :<br>   <b>:   :   :   :   :   :  </b> | tilia illig litit c           | 1 <b>1</b> 1 11 <b>1</b> 81              | EI 84   1881             |  |
| 2. Principal Place of Business   |  | 3. Mailing Address   |  |  |                         |  |  |                               |  |                          |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  |  |                         | 01172006                                     | Chg-NP                                 | CF                            | R2E037 (11/0                             | )5)                      |  |
| City & State   |  | City & State   |  |  | 4. FEI Numbe<br>04-3656 |  |  |                               |  | lied For<br>Applicable   |  |
| Zip  | Country  | Zíp  | Cou  | ntry   |                         |  | of Status Desir                        |                               | Fee Rei                                  |                          | ional  |
|  | 6. Name and Address of Current R   | egistered Agent  |  |  |                         | 7. Name and                                  | Address of No                          | ew Regist                     | ered Agent                               |                          |  |
| -SCHER, S  | <del>Y</del>   | -  | 1  | Name   | 90P                     | IE WILKE                                     | ころのと                                   |                               |  |                          |  |
| 841 SW 47  | TH TERR #204<br>RAL, FL 33914  |  |  |  | ldress (P.              | O. Box Numbe                                 | r is Not Accep                         | table)                        |  |                          |  |
|  |  |  | ļ  |  |                         |  |  |                               |  |                          |  |
|  |  |  |  | City   |                         |  |  |                               | FL   Zip                                 | Code                     |  |
|  | named entity submits this statement for ions of registered agent.  | the purpose of changing its r  | egistere   | ed office or r   | registere               | d agent, or bot                              | h, in the State                        | of Florida.                   | I am familiar                            | with, a                  | nd accept                                    |
| SIGNATURE .  |  |  |  |  |                         |  |  |                               |  |                          | <u></u>                                      |
|  | Signature, typed or printed name of registered agent at  | nd title if applicable. (NOTE  | Registered   | f Agent signaturi  | ue uedmaleq w           | rhen reinstating)                            |  |                               | DATE                                     |                          |  |
| •  | Filing Fee is \$61.25  Due by May 1, 2006  | 9. Election Cam Trust Fund C   | ıpaign Fi  | · · · · · · · · · · · · · · · · · · ·  |                         | \$5.00 May B<br>Added to Fees                | е                                      | Make                          | check payat                              |                          | ite  |
| 10.  | Filing Fee is \$61.25  | 9. Election Cam<br>Trust Fund C  | ıpaign Fi  | · · · · · · · · · · · · · · · · · · ·  | o ;                     | \$5.00 May B<br>Added to Fees                | e                                      | Make<br>Florida [             | check payat<br>Department                | of Sta                   |  |
| 10.<br>TITLE   | Filing Fee is \$61.25<br>Due by May 1, 2006  | 9. Election Cam<br>Trust Fund C  | ipaign Fi<br>ontributi   | inancing<br>on. [  | o ;                     |  | e                                      | Make<br>Florida [             | check payat<br>Department                | of Sta                   |  |
| TITLE<br>NAME  | Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIR PD SCHER, SY  | 9. Election Cam<br>Trust Fund C  | paign Fi<br>ontribution<br>11.   | inancing<br>on. [  | o ;                     | \$5.00 May B<br>Added to Fees                | e                                      | Make<br>Florida [             | check payat<br>Department                | of Sta                   | 10   |
| TITLE<br>NAME<br>STREET ADDRESS  | Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIR  PD  SCHER, SY PO BOX 100374  | 9. Election Cam<br>Trust Fund C  | 11. TITLE NAME   | inancing<br>on. [  | o ;                     | \$5.00 May B<br>Added to Fees                | e                                      | Make<br>Florida [             | check payat<br>Department                | of Sta                   | 10   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIRI PD SCHER, SY PO BOX 100374 CAPE CORAL, FL 33910  | 9. Election Cam Trust Fund C   | 11. TITLE NAME STREE   | inancing<br>on. [  | o ;                     | \$5.00 May B<br>Added to Fees                | e                                      | Make<br>Florida [             | check payal Department ND DIRECTOR       | of Sta<br>RS IN 1<br>nge | Addition                                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE .  | Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIR PD SCHER, SY PO BOX 100374 CAPE CORAL, FL 33910  VTD  | 9. Election Cam<br>Trust Fund C  | 11. TITLE NAME CITY-   | inancing on. [   | o ;                     | \$5.00 May B<br>Added to Fees                | e                                      | Make<br>Florida [             | check payat<br>Department                | of Sta<br>RS IN 1<br>nge | 10   |
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| TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE . NAME  | Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIR PD SCHER, SY PO BOX 100374 CAPE CORAL, FL 33910  VTD WILKERSON, JODIE   | 9. Election Cam Trust Fund C   | 11. TITLE NAME CITY- TITLE NAME STREET NAME STREET   | inancing on. E   | o ;                     | \$5.00 May B<br>Added to Fees                | e                                      | Make<br>Florida [             | check payal Department ND DIRECTOR       | of Sta<br>RS IN 1<br>nge | Addition                                     |
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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 tike empowered.

| SIGN | ATU | RE: |
|------|-----|-----|
|------|-----|-----|

JONE WILLONSON USENING OFFICER OR DIRECTOR

2-25-06

239-540-1265

Date

Daytime Phone #