

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90302 042 ****61.25

DOCUMENT # N02000001447

1. Entity Name
GRAND HAVEN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
AMERICAN CONDO MANAGMENT, INC
909 SE 47TH TERR, STE 105
CAPE CORAL, FL 33904

Mailing Address
909 S.E. 47TH TERRACE
105
CAPE CORAL, FL 33904



2. Principal Place of Business

3. Mailing Address

Suite, Apt. # etc.

615 Cape Coral Pkwy W #103

Suite, Apt. #, etc.

02162006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number

20-1173056

Applied For

Not Applicable

Zip

County

33914

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KASE, SUSAN
909 SE 47TH TERR, STE 105
CAPE CORAL, FL 33904

Name

Street Address (P.O. Box Number is Not Acceptable)

615 Cape Coral Pkwy W #103

City

FL Zip Code **33914**

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$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 PD ☐ Delete
NAME SOLOMON, ROBERT
STREET ADDRESS 917 SE 36TH STREET, #103
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME NELSON, JOHN A
STREET ADDRESS 917 SE 36TH STREET, #102
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☒ Delete
NAME KIZER, KENNETH
STREET ADDRESS 917 SE 36TH STREET, #105
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE STD ☐ Change ☒ Addition
NAME **Neldens Sett**
STREET ADDRESS **917 SE 36th St # 101**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Robert J. Solomon Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/03/2006