

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90288 025 ****61.25

DOCUMENT # N02000002727					
1. Entity Name EL RIO GARDEN CONDOMINIUM ASSOC. 156, INC.					
Principal Place of Business 1697-1699-1731-1739 GOLF CLUB DRIVE NORTH FORT MYERS, FL 33903			Mailing Address 757 PONDELLA RD C/O JACK MORRISON NORTH FORT MYERS, FL 33903		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1826012	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MORRISON, JACK 1697 GOLF CLUB DR APT # 5 N. FT. MYERS, FL 33903			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/>		\$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 D NAME KEMP, HERBERT STREET ADDRESS 1739 GOLF CLUB DRIVE APT # 4 CITY-ST-ZIP N. FT. MYERS, FL 33903	<input checked="" type="checkbox"/> Delete		TITLE VD NAME BASIER, VERNON STREET ADDRESS 1739 GOLF CLUB DR APT # 3 CITY-ST-ZIP N FT MYERS, FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME VERNIER, DONALD STREET ADDRESS 1731 GOLF CLUB DRIVE APT # 1 CITY-ST-ZIP N. FT. MYERS, FL 33903	<input type="checkbox"/> Delete		TITLE SD NAME HARKBY, SANDRA STREET ADDRESS 1739 GOLF CLUB DR APT # 5 CITY-ST-ZIP N Ft Myers, FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME AHR, FRED STREET ADDRESS 1739 GOLF CLUB DRIVE APT # 8 CITY-ST-ZIP N. FT. MYERS, FL 33903	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME PAPA, WILLIAM STREET ADDRESS 1697 GOLF CLUB DRIVE APT # 2 CITY-ST-ZIP N. FT. MYERS, FL 33903	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME FANELLY, CATHY STREET ADDRESS 1731 GOLF CLUB DRIVE APT # 2 CITY-ST-ZIP N. FT. MYERS, FL 33903	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE TD NAME MORRISON, JACK STREET ADDRESS 1697 GOLF CLUB DR APT # 5 CITY-ST-ZIP NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Jack Morrison</i> JACK MORRISON <i>Treas</i> 4-25-05 <i>239-985-0048</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					