



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90106 017 \*\*\*\*61.25

<b>DOCUMENT # N02246</b> 1. Entity Name PRESIDENTIAL PLACE ASSOCIATION, INC.					
Principal Place of Business 6249 PRESIDENTIAL CT. FT. MYERS, FL 33919				Mailing Address 6249 PRESIDENTIAL CT. SUITE B FORT MYERS, FL 33919	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 6249 PRESIDENTIAL CT SUITE B			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092007    Chg-NP    CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-2420041	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  HUMFLEET, DAWN 6249 PRESIDENTIAL COURT SUITE C FORT MYERS, FL 33919				7. Name and Address of New Registered Agent  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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LEDWARD, JEFFREY C. 6249-B PRESIDENTIAL CT FT MYERS, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MILLER, JANICE 6249 A PRESIDENTIAL CT. FORT MYERS, FL 33919	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICFERSON, DAVID 6249 E. PRESIDENTIAL CT. FORT MYERS, FL 33919	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DICKERSON, DAVID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUMFLEET, DAWN 6249 PRESIDENTIAL CAT #C FORT MYERS, FL 33919	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				1/15/07    2394891011 Date    Daytime Phone #	