


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90283 028 ****61.25

DOCUMENT # N03000007015		
1. Entity Name EARNHARDT BUILDING CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business P & M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD, # 40 FORT MYERS, FL 33908	Mailing Address P & M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD, # 40 FORT MYERS, FL 33908	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	

40010300



P & M Property Management 14360 So. Tamiami Trail, Unit B Fort Myers, Florida 33912	P & M Property Management 14360 So. Tamiami Trail, Unit B Fort Myers, Florida 33912	01092007 Chg-NP CR2E037 (12/06)
4. FEI Number 65-1051867		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SAPP, PAUL P & M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD, # 40 FORT MYERS, FL 33908		7. Name and Address of New Registered Agent Name PAUL SAPP P & M Property Management 14360 So. Tamiami Trail, Unit B Fort Myers, Florida 33912 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 <i>Paul Sapp</i> Signature, typed or printed name of registered agent and title if applicable.		DATE <i>4-11-07</i> (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <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 NAME STREET ADDRESS CITY-ST-ZIP	DP TINCHER, TERRY 2260 FIRST ST # 216 FORT MYERS, FL 33901 <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	DVP GOERTZ, DOMINIK 1422 HENDRY STREET # 304 FORT MYERS, FL 33901 <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	DST ALOIA, FRANK JR 2250 FIRST ST FORT MYERS, FL 33901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEXTER MEYER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1313 WILLIAMS ST #602 DENVER, CO 80218	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	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	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.

SIGNATURE: *[Signature]* 4-11-07 2393406467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #