

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 14, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90194 031 \*\*\*\*61.25

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**DOCUMENT # N03000008107**

1. Entity Name  
**VILLAGE ON CRESCENT LAKE II AT BRECKENRIDGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**19850 BRECKENRIDGE DRIVE ESTERO, FL 33928**

Mailing Address  
**19850 BRECKENRIDGE DRIVE ESTERO, FL 33928**

2. Principal Place of Business  
**PEGASUS PROPERTY MGMT**  
 Suite, Apt. #, etc. **# 100**  
**17595 SOUTH TAMiami TRAIL**  
 City & State  
**FORT MYERS FL**

3. Mailing Address  
**PEGASUS PROPERTY MGMT**  
 Suite, Apt. #, etc.  
**17595 SOUTH TAMiami TR**  
 City & State  
**FORT MYER FL #100**

03022005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**APPLIED FOR 38-3107333**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LOTURCO, JOSEPH D**  
**19850 BRECKENRIDGE DRIVE ESTERO, FL 33928**

7. Name and Address of New Registered Agent

Name  
**THOMAS E EATON**

Street Address (P.O. Box Number is Not Acceptable)  
**17595 SOUTH TAMiami TRAIL #100**

City  
**FORT MYERS FL** Zip Code  
**33908**

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 **THOMAS E EATON** DATE **4/25/05**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOTURCO, JOSEPH D</b> <b>19850 BRECKENRIDGE DRIVE ESTERO, FL 33928</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NICOLLA, JOSEPH R</b> <b>52 CORPORATE CIRCLE ALBANY, NY 12203</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SULLIVAN, JOHN</b> <b>52 CORPORATE CIRCLE ALBANY, NY 12203</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 any other like empowered.

SIGNATURE: **Joseph Loturco** DATE **4/25/05** DAYTIME PHONE # **992-4140**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR