

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90351 002 ****61.25

DOCUMENT # N03000008107

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



Principal Place of Business
 PEGASUS PROPERTY MANAGEMENT
 17595 SOUTH TAMiami TRAIL
 FORT MYERS, FL 33908

Mailing Address
 PEGASUS PROPERTY MANAGEMENT
 17595 SOUTH TAMiami TRAIL
 FORT MYERS, FL 33908



2. Principal Place of Business		3. Mailing Address		03082006	Chg-NP	CR2E037 (11/05)
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 38-3707333	Applied For Not Applicable	
Zip	Country	Zip	Country	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			
EATON-THOMAS E 17595 SOUTH TAMiami TRAIL, #100 FORT MYERS, FL 33908				Name MARDEN, GARY			
				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: Gary Marden DATE: 4/8/06

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOTURCO, JOSEPH D 19850 BRECKENRIDGE DRIVE ESTERO, FL 33928	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D FARMER, BARBARA 4204 PENSACOLA AVE ESTERO, FL 33988	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICOLLA, JOSEPH R 52 CORPORATE CIRCLE ALBANY, NY 12203	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D BRUNNER JR, JOHN 4225 TEQUESTA DR ESTERO, FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, JOHN 52 CORPORATE CIRCLE ALBANY, NY 12203	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D GACHMAN, ROBERT 4202 PENSACOLA AVE. ESTERO, FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D CLARK ANN 4221 TEQUESTA DR. ESTERO, FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, GROVER 4235 TEQUESTA DR. ESTERO, FL 33988	<input type="checkbox"/> Change <input checked="" 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: Barbara L Farmer Date: 4-08-06 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA L. FARMER