


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90068 018 \*\*\*\*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 - No P.O. Box # 8359 BEACON BLVD Suite, Apt. #, etc. #417		3. Mailing Address 8359 BEACON BLVD Suite, Apt. #, etc. #417	
City & State FORT MYERS, FL		City & State FORT MYERS, FL	
Zip 33907		Country US	
4. FEI Number 38-3707333		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARSDEN, GARY 17595 SOUTH TAMiami TRAIL, #100 FORT MYERS, FL 33908		7. Name and Address of New Registered Agent Name: CORNERSTONE ASSOC. MGT., INC. NASSOIA, SHERRY Street Address (P.O. Box Number is Not Acceptable) 8359 BEACON BLVD. #417 City: FORT MYERS FL Zip Code: 33907	
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>Sherry Nassolia</i>		SIGNATURE: <i>Sherry Nassolia</i> DATE: 4/10/07	
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	PD FARMER, BARBARA 4204 PENSACOLA AVE ESTERO, FL 33928 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JOHN EBNER 4204 PENSACOLA AVE ESTERO, FL 33928 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRUNNER, JR, JOHN 4225 TEQUESTA DR ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUNNER, JR, JOHN 4225 TEQUESTA DR ESTERO, FL 33928 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BACHMAN, ROBERT 4202 PENSACOLA AVE ESTERO, FL 33928 <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	SD CLARK, ANN 4221 TEQUESTA DR ESTERO, FL 33928 <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 HALL, GROVER 4235 TEQUESTA DR ESTERO, FL 33928 <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: <i>John W. Brunner</i>		Date: 4/10/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	