
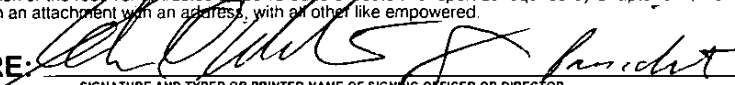


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90048 035 ****61.25

DOCUMENT # N03000008743					
1. Entity Name VAN LOON COMMONS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 17595 S. TAMiami TRAIL SUITE #100 FT. MYERS, FL 33908			Mailing Address 17595 S. TAMiami TRAIL SUITE #100 FT. MYERS, FL 33908		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		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			7. Name and Address of New Registered Agent		
MARSDEN, GARY 17595 S. TAMiami TRAIL SUITE #100 FT. MYERS, FL 33908			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State: 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WROTEN, MELVIN O JR	NAME			
STREET ADDRESS	P O BOX 151520	STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL, FL 33915	CITY-ST-ZIP			
TITLE	DSTV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DONDERO, JOHN	NAME			
STREET ADDRESS	2326 DEL PRADO BLVD SOUTH	STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL, FL 33990	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BASTIN, SHARON	NAME	Philip Petersen		
STREET ADDRESS	1121 VAN KON COMMONS CIRCLE, #305	STREET ADDRESS	1125 Van Loon Common cir, #103		
CITY-ST-ZIP	CAPE CORAL, FL 33909	CITY-ST-ZIP	Cape Coral, FL 33909		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 an other like empowered.					
SIGNATURE: 			Date: 4/8/2008		Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					