## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 20, 2005 8:00 am Secretary of State DOCUMENT # N04000006225 1. Entity Name 04-20-2005 90292 016 \*\*\*\*61.25 HEDRICH PLAZA CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 10981 BONITA BEACH RD 10981 BONITA BEACH RD **BONITA SPRINGS FL 34135 BONITA SPRINGS FL 34135** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) 4. FEI Number 20-1500614 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HEDRICH. DAVIES, CHRISTOPHER N Street Address (P.9. Box Number is Not Acceptable) 2375 TAMIAMI TR N STE 308 NAPLES FL 34103 BONIM- SPRINGS 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 2/21/2005 DATE SIGNATURE FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11 HIRE ☐ Delete TITLE ☐ Addition HEDRICH, BRAD NAME NAME 10981 BONITA BEACH RD STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34135** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition HEDRICH, NORMAN NAME NAME 10981 BONITA BEACH RD STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34135** CITY-ST-7IP CITY-ST-7P TITLE Detete TITLE ☐ Change ☐ Addition NAME HEDRICH, CLEDA NAME 10981 BONITA BEACH RD STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34135** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS

**FILED** 

changed, or on an attachment with an address, with all other like empowered. Brad Hedrich Director 2/1/2005 239.947.3432
FICER OR DIRECTOR Description

CITY-ST-ZIP

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