

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
May 14, 2007 8:00 am
Secretary of State

04-23-2007 90098 031 ****61.25

DOCUMENT # N04000011674 1. Entity Name CONCORDIA AT CAPE CORAL COMMONS ASSOCIATION, INC.					
Principal Place of Business 311 SOUTH DEL PRADO BOULEVARD SUITE 6 CAPE CORAL, FL 33990			Mailing Address 311 SOUTH DEL PRADO BOULEVARD SUITE 6 CAPE CORAL, FL 33990		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04102007 Chg-NP CR2E037 (12/06)	
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR 20-4981064	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITT, MICHAEL R ESQ 14241 METROPOLIS AVE STE 100 FORT MYERS, FL 33912			7. Name and Address of New Registered Agent Name GARY MARSDEN Street Address (P.O. Box Number is Not Acceptable) 90 PEGASUS PROPERTY MANAGEMENT 17545 S. TAMIAHI TRAIL #100 FORT MYERS FL 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 <small>Signature of board or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			DATE 4/9/07		
Filing Fee is \$81.25 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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BONAR, JOSEPH V.		NAME		
STREET ADDRESS	11028 HARBOUR YACHT COURT # 102		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33908		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		
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 all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 4/13/07 258-710-1065 <small>Date Daytime Phone #</small>		