## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **Secretary of State** DOCUMENT # N04304 1. Entity Name 03-24-2006 90027 014 \*\*\*\*70.00 THE EMBASSY CENTER CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 18515 DEEP PASSAGE LANE FORT MYERS BEACH FL 33931 % SANDRA FOX 6201 PRESIDENTIAL COURT FT MYERS FL 33919 2. Principal Place of Business 3. Mailing Address 790 HODISON 6201 PRESIDENTIAL CON Suite, Apt. #, etc. Suite, Apt. #. etc CR2E037 (10/05) 1st MOORE Applied For City & State 4. FEI Number 59-2566401 Not Applicable. Country 4 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MAS PENNER-FOX, SANDRA J. 18515 DEEP PASSAGE LANE Street Address (P.O. Box Number is Not Acceptable) FORT MYERS BEACH FL 33931 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE Change ☐ Addition TITLE ☐ Delete FOX, SANDRA NAME NAME THOMAS J. RENTE 18515 DEEP PASSAGE LANE STREET ADDRESS STREET ADDRESS 1790 ADDISONCT. FT. MYERS BEACH FL 33931 CITY-ST-ZIP . CITY-ST-ZIP MARCO ISLAND, TITLE ☐ Detete TITLE Change Addition FOX, BILL J MARY ELLEN RENTZ NAME NAME \_. 18515 DEEP PASSAGE LANE STREET ADDRESS STREET ADDRESS 1790 AUDISON CT. FORT MYERS BEACH FL 33931 CITY-ST-ZIP CITY-ST-ZIP MARCO ISLAND. TITLE Delete TITLE Addition NAME PENNER, STEVEN NAME 59 CRECENT DRIVE STREET ADDRESS STREET ADDRESS COLUMBIA FALLS MT 59912 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 of 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:

FILED

Mar 24, 2006 8:00 am