


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000001721			
1. Entity Name TREELINE PLAZA AT AIRPORT WOODS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 11000 METRO PARKWAY SUITE 3 FORT MYERS, FL 33912		Mailing Address 11000 METRO PARKWAY SUITE 3 FORT MYERS, FL 33912	
2. Principal Place of Business 12244 Treeline Ave #6 Suite, Apt. #, etc. #6 City & State Fort Myers FL Zip 33913 Country USA		3. Mailing Address 12244 Treeline Ave #6 Suite, Apt. #, etc. #6 City & State Fort Myers FL Zip 33913 Country USA	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		09072006 Chg-NP CR2E037 (4/06)	
6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FORT MYERS, FL 33901		7. Name and Address of New Registered Agent Name Elisha Pagliaro Street Address (P.O. Box Number is Not Acceptable) 4953 Viceroy St. #1 City Cape Coral FL Zip Code 33904	
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 <u>Elisha Pagliaro</u> DATE <u>10/25/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25		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	
TITLE D NAME COLE, JOHN E STREET ADDRESS 11000 METRO PARKWAY SUITE 3 CITY-ST-ZIP FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME BLOXHAM, NORMAN R STREET ADDRESS 1860 CARONATA DRIVE CITY-ST-ZIP ALVA, FL 33920	<input checked="" type="checkbox"/> Delete	TITLE D NAME Harden, Mark STREET ADDRESS 12244 Treeline Ave #3 CITY-ST-ZIP Fort Myers, FL 33913	
TITLE D NAME BERLINER, RHONDA STREET ADDRESS 11000 METRO PARKWAY SUITE 3 CITY-ST-ZIP FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete	TITLE D NAME Nelson, Craig STREET ADDRESS 12244 Treeline Ave #4 CITY-ST-ZIP Fort Myers, FL 33913	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D NAME Campbell, Kyle STREET ADDRESS 12244 Treeline Ave #2 CITY-ST-ZIP Fort Myers, FL 33913	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	900081303709 10/27/06--01056--022 **70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 duly empowered.			
SIGNATURE: <u>[Signature]</u>		10/25/06 239 989 0135 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			