


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # N05000001721	
1. Entity Name TREELINE PLAZA AT AIRPORT WOODS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 12244 TREELINE AVENUE, #6 FORT MYERS, FL 33913	Mailing Address 12244 TREELINE AVENUE, #6 FORT MYERS, FL 33913
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01082007 No Chg-NP CR2E037 (4/06)

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4. FEI Number NOT APPLICABLE	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

PAGLIARO, ELISHA
 4953 VICEROY ST., #1
 CAPE CORAL, FL 33904

DO NOT WRITE IN THIS SPACE

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)
 Signature, typed or printed name of registered agent and title if applicable. DATE _____

Filing Fee is \$81.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDEN, MARK 12244 TREELINE AVENUE, #3 FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, CRAIG 12244 TREELINE AVENUE, #4 FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, KYLE 12244 TREELINE AVENUE, #2 FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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000000585459
 01/16/07-80014-001-81.25

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: *Elisha J Pagliari*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/07 239-277-7296
 Date Daytime Phone #