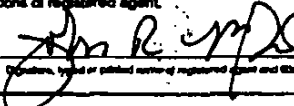
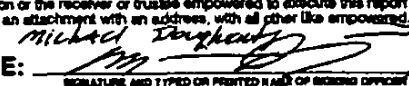


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006 8:00 am
Secretary of State

05-02-2006 90173 020 ****61.25

DOCUMENT # N05000009350			
1. Entity Name LUCAYA CAY CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 544 1ST AVENUE SOUTH NAPLES FL 34102		Mailing Address 544 1ST AVENUE SOUTH NAPLES FL 34102	
2. Principal Place of Business		3. Mailing Address 745 12th Ave S	
Subs. Apt. #, etc.		Subs. Apt. #, etc. AA	
City & State		City & State NAPLES, FL	
Zip	Country	Zip	Country
34102	Collier	34102	Collier
4. FBI Number 20-3556269		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$0.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, KENNETH R 4001 TAMiami TRAIL NORTH SUITE 300 NAPLES, FL 34103		7. Name and Address of New Registered Agent Name MOORE, ROBERTA MGR Street Address (P.O. Box Number is Not Acceptable) 745 12th Ave S. AA City NAPLES FL Zip Code 34102	
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  MOORE, ROBERTA 6/29/06 (Signature typed or printed, covering registered agent and title is acceptable. NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$41.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete DOUGHERTY, F. MICHAEL 544 1ST AVENUE SOUTH NAPLES, FL 34102	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete LOCKWOOD, STEPHEN J 27 CONGRESS STREET SUITE 108 SALEM, MA 01970	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete JOHNSON, KENNETH R 4001 TAMiami TRAIL NORTH SUITE 300 NAPLES, FL 34103	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 like empowered.			
SIGNATURE:  3/8/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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