2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007
Secretary of State

DOCUMENT# N06000005933

Entity Name: CRAIG HANGARS II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

306 CITATION POINT
NAPLES, FL 34104

New Principal Place of Business:

344 CITATION POINT
NAPLES, FL 34104

Current Mailing Address:

306 CITATION POINT
NAPLES, FL 34104

New Mailing Address:

344 CITATION POINT
NAPLES, FL 34104

FEI Number: 20-5541377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREGORY, C. NEIL ESQ.
850 PARK SHORE DR.
ROETZEL & ANDRESS
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

CRAIG, THOMAS
344 CITATION POINT
NAPLES, FL 34104 US

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.

SIGNATURE: THOMAS CRAIG 03/06/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CRAIG, THOMAS R.
Address: 306 CITATION POINT
City-St-Zip: NAPLES, FL 34104

Title: DV ( ) Delete
Name: CRAIG, RICHARD D.
Address: 306 CITATION POINT
City-St-Zip: NAPLES, FL 34104

Title: DST ( ) Delete
Name: CRAIG, PATRICIA
Address: 306 CITATION POINT
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: CRAIG, THOMAS R.
Address: 344 CITATION POINT
City-St-Zip: NAPLES, FL 34104

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA CRAIG DST 03/06/2007
Electronic Signature of Signing Officer or Director Date