

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005933

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** CRAIG HANGARS II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

344 CITATION POINT  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

344 CITATION POINT  
NAPLES, FL 34104

**New Mailing Address:**

P O BOX 644  
WEST UNION, SC 29696

FEI Number: 20-5541377

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CRAIG, THOMAS  
344 CITATION POINT  
NAPLES, FL 34104 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: THOMAS CRAIG

DP

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date