


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2008 8:00 am
Secretary of State

08-26-2008 90001 029 ****70.00

DOCUMENT # N06000007782					
1. Entity Name AVIANO CARRIAGE HOMES II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business CARDINAL MGMT GROUP, S. FLORIDA INC 5067 TAMiami TRAIL E. NAPLES, FL 34113		Mailing Address CARDINAL MGMT GROUP, S. FLORIDA INC 5067 TAMiami TRAIL E. NAPLES, FL 34113			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		08222008 Chg-NP CR2E037 (12/06) 4. FEI Number 20-5277250 Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name <u>Cardinal Management Group</u>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<u>5067 Tamiami Trail East</u>		
			City <u>Naples</u>		FL <u>34113</u> Zip Code
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>Janice Willis CAM</u>			DATE <u>8-22-08</u>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by September 12, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANS, GARY		NAME	Mike Knox	
STREET ADDRESS	28341 S. TAMiami TRAIL, SUITE 4		STREET ADDRESS	12855 Carrington Circle, #101	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP	Naples, FL 34105	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, KEVIN		NAME	Audrey Bird	
STREET ADDRESS	28341 S. TAMiami TRAIL, SUITE 4		STREET ADDRESS	12851 Carrington Circle, #204	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP	Naples, FL 34105	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	SIT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WERCHEK, KATIE		NAME	John Despagna	
STREET ADDRESS	28341 S. TAMiami TRAIL, SUITE 4		STREET ADDRESS	12854 Carrington Circle, # 102	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP	Naples, FL 34105	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Janice Willis, CAM</u>			DATE <u>8-22-08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		