

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/13/2008-90002-002-\$61.25-\$61.25

DOCUMENT # N07000004824 1. Entity Name PATIO DE LEON I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business P & M Property Management 14360 So. Tamiami Trail, Unit B Fort Myers, Florida 33912			Mailing Address P & M Property Management 14360 So. Tamiami Trail Unit B Fort Myers, Florida 33912		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 90-0334548	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MORGAN, JOHN 8911 DANIELS PARKWAY, SUITE 6 FORT MYERS, FL FL			7. Name and Address of New Registered Agent PAUL SAPP P & M Property Management 14360 So. Tamiami Trail, Unit B Fort Myers, Florida 33912 FL 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><i>Paul Sapp</i></u> DATE <u>8-4-08</u> (NOTE: Registered Agent signature required when removing)					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 VP NAME MORGAN, JOHN M ☐ Delete STREET ADDRESS 8911 DANIELS PKWY, STE 6 CITY- ST- ZIP FORT MYERS, FL 33912			TITLE VP NAME ☐ Change ☐ Addition		
TITLE P NAME GOERTZ, DOMINK ☐ Delete STREET ADDRESS 1422 HANDRYT STREET CITY- ST- ZIP FORT MYERS, FL 33912			TITLE NAME ☐ Change ☐ Addition		
TITLE DVST NAME GOERTZ, DOMINK ☒ Delete STREET ADDRESS 1422 HANDRYT STREET CITY- ST- ZIP FORT MYERS, FL 33912			TITLE S/T NAME TERRY TINCHER ☐ Change ☒ Addition STREET ADDRESS 2260 FIRST ST #216 CITY- ST- ZIP FT. MYERS, FL 33901		
TITLE NAME ☐ Delete			TITLE NAME ☐ Change ☐ Addition		
TITLE NAME ☐ Delete			TITLE NAME ☐ Change ☐ Addition		
TITLE NAME ☐ Delete			TITLE NAME ☐ 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 <u><i>Paul Sapp</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>8-4-08</u> Daytime Phone #	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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