


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90020 020 ****61.25

DOCUMENT # N07000008030					
1. Entity Name 10295 COLLINS AVENUE, RESIDENTIAL CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS, FL 34134			Mailing Address 24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS, FL 34134		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 8409 No. Military Trl, Ste 123 Suite, Apt. #, etc. ClOcheray, Edgar & Smith, PA City & State Palm Beach Gardens, FL Zip 33410 Country USA			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 74-3227501	
Applied For		Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HASTINGS, VIVIEN N 24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS, FL 34134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 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 NAME PATRICIO, MICHAEL STREET ADDRESS 24301 WALDEN CENTER DRIVE CITY-ST-ZIP BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete		TITLE PD NAME Patrizio, Michael STREET ADDRESS 24301 Walden Center Dr, Ste 300 CITY-ST-ZIP Bonita Springs, FL 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME BANKHURST, GREG STREET ADDRESS 24301 WALDEN CENTER DRIVE CITY-ST-ZIP BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T/S NAME TIEBOUT-TOURON, MARCIENNE STREET ADDRESS 24301 WALDEN CENTER DRIVE CITY-ST-ZIP BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete		TITLE STD NAME Tiebout-Touron, Marcienne STREET ADDRESS 24301 Walden Center Dr, Ste 300 CITY-ST-ZIP Bonita Springs, FL 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE VD NAME Pertchik, Jonathan STREET ADDRESS 24301 Walden Center Dr, Ste 300 CITY-ST-ZIP Bonita Springs, FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					