

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 JAN 15 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01092008 Chg-NP CR2E037 (12/06)

**DOCUMENT # N07000009680**

1. Entity Name  
ARUBA COMMONS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1521 SW 57 ST. CAPE CORAL, FL 33914	Mailing Address 1521 SW 57 ST. CAPE CORAL, FL 33914
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

SCHUTT, DARRIN R. ESQ.  
1105 CAPE CORAL PARKWAY EAST, STE. C  
CAPE CORAL, FL 33904

**7. Name and Address of New Registered Agent**

Name: R Tracey Fulmer  
Street Address (P.O. Box Number is Not Acceptable):  
1521 SW 57 St  
City: Cape Coral FL Zip Code: 33914

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: DATE: 1-8-8

(NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25 Due by May 1, 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	
TITLE: DP NAME: FULMER, RANDY STREET ADDRESS: 1521 SW 57 ST. CITY-ST-ZIP: CAPE CORAL, FL 33914	<input type="checkbox"/> Delete
TITLE: DVST NAME: FULMER, TRACEY STREET ADDRESS: 1521 SW 57 ST. CITY-ST-ZIP: CAPE CORAL, FL 33914	<input type="checkbox"/> Delete
TITLE: D NAME: SCHUTT, DARRIN R. STREET ADDRESS: 1105 CAPE CORAL PARKWAY EAST, STE. C CITY-ST-ZIP: CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<p style="font-size: 1.2em;">200115863182</p> <p>01/23/08--01018--013 **200.00</p>	
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"/> Change <input type="checkbox"/> Addition
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: DATE: 1-9-8 DAYTIME PHONE #: 239-519-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KS