

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15210

FILED
Feb 05, 2006
Secretary of State

Entity Name: PATIO VILLAS OF CAPE CORAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3739 SW 9TH AVENUE
CAPE CORAL, FL 33914 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 08065
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 65-0105863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEAN G. SPRAGUE PROPERTY MANAGEMENT
5449 PEPPERTREE DR
UNIT 15C
FORT MYERS, FL 33908 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: P () Delete
Name: JENKINS, JAMES
Address: 3739 SW 9TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914 `S

Title: VP () Delete
Name: ADAMUS, SANDRA
Address: 14828 ASTER STREET
City-St-Zip: ALLEN PARK, MI 48101

Title: S () Delete
Name: COZAD, MARY
Address: 8308 ROSEDALE BLVD
City-St-Zip: ALLEN PARK, MI 48101

Title: T () Delete
Name: RINNA, MILIO
Address: 9647 MELBOURNE
City-St-Zip: ALLEN PARK, MI 48101

Title: D () Delete
Name: KNAIZ, THOMAS
Address: 3742 SW 8TH COURT
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KNIAZ, TOM
Address: 3734 SW 8TH COURT #103
City-St-Zip: CAPE CORAL, FL 33914 `S

Title: VP (X) Change () Addition
Name: ESSINGTON, DEAN
Address: 14828 ASTER STREET
City-St-Zip: ALLEN PARK, MI 48101

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JAMES, KEVIN
Address: 3734 SW 8TH COURT #104
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARY COZAD

S

02/05/2006

Electronic Signature of Signing Officer or Director

Date