

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90308 042 \*\*\*\*61.25

**DOCUMENT # N15763**

1. Entity Name  
**CONDOMINIUM ASSOCIATION OF SEA ISLES, INC.**



Principal Place of Business  
**240 LEWIS CIRCLE  
PUNTA GORDA, FL 33950**

Mailing Address  
**100 SULLIVAN ST  
STE 112  
PUNTA GORDA, FL 33950 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04082006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**65-0108840**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENE, JOAN F  
100 SULLIVAN ST  
STE 112  
PUNTA GORDA, FL 33950**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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 VPD  
NAME LICHTENWAD, HOMER  
STREET ADDRESS 240 LEWIS CIRCLE  
CITY-ST-ZIP PUNTA GORDA, FL 33950 ☐ Delete

TITLE D  
NAME DA PONTE, SERAPHIN  
STREET ADDRESS 65 VARNUM AVE  
CITY-ST-ZIP BRISTOL, RI 02809 ☐ Delete

TITLE D  
NAME MCHUGH, BOB  
STREET ADDRESS 240 LEWIS CIRCLE #111  
CITY-ST-ZIP PUNTA GORDA, FL 33950 ☐ Delete

TITLE PD  
NAME DAVIS, W.M.  
STREET ADDRESS 240 LEWIS CIRCLE #224  
CITY-ST-ZIP PUNTA GORDA, FL 33950 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*W. T. Davis* **W. T. Davis** 4.10.06 981-661-5247