

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 30, 2006  
Secretary of State**

DOCUMENT# N18837

Entity Name: LAKE LOUISE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

159 SW 47TH TERRACE  
CAPE CORAL, FL 339145347 US

**New Principal Place of Business:**

**Current Mailing Address:**

% BENSON'S  
12650 WHITEHALL DRIVE  
FT. MYERS, FL 33907 US

**New Mailing Address:**

FEI Number: 65-0048804      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BENSON MARK R  
12650 WHITEHALL DRIVE  
FT. MYERS, FL 33907 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: PD ( ) Delete  
Name: CENTER, CHARLES  
Address: 159 SW 47TH TERR #101  
City-St-Zip: CAPE CORAL, FL 33914

Title: TD ( ) Delete  
Name: RACE, ALBERT  
Address: 159 SW 47TH TERR #108  
City-St-Zip: CAPE CORAL, FL 33914

Title: VD ( ) Delete  
Name: SCHULTZ, CELESTE  
Address: 159 SW 47TH TERR #201  
City-St-Zip: CAPE CORAL, FL 33914

Title: SD ( ) Delete  
Name: DOWD, BETTY  
Address: 159 SW 47 TERR #105  
City-St-Zip: CAPE CORAL, FL

Title: D ( ) Delete  
Name: GALLAHER, NORMA  
Address: 159 SW 47TH TERR #206  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: CHARLES CENTER

PRES

03/30/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date