2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State

ANNUAL REPORT				36	Secretary of State		
1. Entity Name	IENT # N19931 ONDOMINIUM ASSOCIAT	TION, INC.		0.	4-17-2006 90392 044	****61.25	
Principal Place of 711 ESTERO BL FR MYERS BEAC	LVD	Mailing Address 711 ESTERO BLVD FR MYERS BEACH, FL 33	3931 US				
2. Principal Place P4 M P0 Suite, Apt. #, 6	roperty Minogement	3. Mailing Address 1 5 660 Sm (Suite, Apt. #, etc.	orlos Brad	00040000	ng-NP CR2E037 (
City & State		# UO City & State	_	4. FEI Number		Applied For	
Zip	lyers, Florida	tat myers	FLorida Country	65-007441	·	Not Applicable 3.75 Additional	
33908	6. Name and Address of Current F	33908 Registered Agent	USA	 Certificate of State Name and Add 		e Required	
ADAMS, JOSEPH E ESQ 14241 METROPOLIS AVE SUITE 100 FT MYERS, FL 33912-0000			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
			City Fact	+ Myers	FL	Zip Code 33908	
	amed entity submits this statement for as of registered agent.	the purpose of changing its re	egistered office or regis	stered agent, or both, in	the State of Florida. 1 am fam	niliar with, and accept	
SIGNATURE	gnature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature requ	ured when reinstating)	DATE		
Sign Fi	gnature, typed or printed name of registered agent a illing Fee is \$61.25 ue by May 1, 2006	9. Election Camp	paign Financing	\$5.00 May Be Added to Fees	Make check p. Florida Departme	· ·	
Fi Du	illing Fee is \$61.25 bue by May 1, 2006 OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees	Make check p Florida Departme ES TO OFFICERS AND DIREC	ent of State CTORS IN 10	
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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 accorate 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 trueble 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 impowered.

SIGNATURE: SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylering Phone *