

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90024 020 ****61.25

DOCUMENT # N24075

1. Entity Name
MORTON GROVE OWNERS ASSOCIATION, INC.



Principal Place of Business
**10981 BONITA BEACH RD
BONITA SPRINGS, FL 34135 US**

Mailing Address
**C/O GULF PROPERTY MANAGEMENT
15600 CATALPA COVE DR.
FT. MYERS, FL 33908 US**

40044081



**INDEPENDENT
MANAGEMENT LLC**

**27299 Riverview Center Bl. #102
Bonita Springs, FL 34134**

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MANAGEMENT LLC**

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Bonita Springs, FL 34134**

02152008 Chg-NP CR2E037 (12/06)

4. FEI Number **65-0412990** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GULF PROPERTY MANAGEMENT
3050 HORSESHOE DR N
15600 CATALPA COVE DR.
FT. MYERS, FL 33908**

Name

Street

City

**INDEPENDENT
MANAGEMENT LLC**

**27299 Riverview Center Bl. #102
Bonita Springs, FL 34134**

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **ALAN DIMMITT**
STREET ADDRESS **12361 LONDONDERRY LN.**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

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

TITLE **SD** ☐ Delete
NAME **JENNIFER SEMRO**
STREET ADDRESS **12287 LONDONDERRY LN.**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

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

TITLE **D** ☐ Delete
NAME **DALY, JOHN**
STREET ADDRESS **12255 LONDONDERRY LN.**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

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

TITLE **VPD** ☐ Delete
NAME **RON CHROMULAK**
STREET ADDRESS **26909 MORTON GROVE DR.**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

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

TITLE **T** ☐ Delete
NAME **ANGELA DIMMITT**
STREET ADDRESS **12361 LONDONDERRY LN.**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 #