

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90032 038 \*\*\*\*61.25

**60000872**



<b>DOCUMENT # N24864</b> 1. Entity Name <b>CONCEPT I NORTH CONDOMINIUM ASSOCIATION OF CAPE CORAL, INC.</b>					
Principal Place of Business <b>1126 SE 8TH STREET CAPE CORAL, FL 33990 US</b>			Mailing Address <b>1126 SE 8TH STREET CAPE CORAL, FL 33990 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>3949 EVANS AVE Suite, Apt. #, etc. 205</b>			
City & State		City & State <b>FORT MYERS</b>		4. FEI Number <b>APPLIED FOR 35-2260866</b>	
Zip <b>33901</b>		Country <b>LEE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SANANI, MOJGAN 3949 EVANS AVENUE SUITE 205 FORT MYERS, FL 33901</b>				7. Name and Address of New Registered Agent Name <b>VASANTA SENERAT</b> Street Address (P.O. Box Number is Not Acceptable) <b>3949 EVANS AVENUE #205</b> City <b>FORT MYERS</b> <b>FL</b> Zip Code <b>33901</b>	
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 <u><i>Vasanta Senerat</i></u> DATE <u>1/5/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANANI, MOJGAN 3949 EVANS AVENUE FORT MYERS, FL 33901	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT VASANTA SENERAT 3949 EVANS AVENUE #205 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SANANI, MARJAN 3949 EVANS AVENUE FORT MYERS, FL 33901	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Vasanta Senerat</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1/5/06</u> <small>Date</small>		<u>239-418-0008</u> <small>Daytime Phone #</small>