

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

FILED
Jan 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N25481

1. Entity Name
SEVENTH HEAVEN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2109 CLEVELAND AVE.
FT. MYERS, FL 33901 US**

Mailing Address
**2109 CLEVELAND AVE.
FT. MYERS, FL 33901 US**



01042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0121799

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KREINBRINK, DANIEL W.
2109 CLEVELAND AVE.
FT. MYERS, FL 33901**

**DO NOT WRITE
IN THIS SPACE**

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 requesting)

DATE _____

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSD
KREINBRINK, DANIEL W.
2109 CLEVELAND AVENUE
FT. MYERS, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VTD
PULLING, JOHN A JR
6500 N AIRPORT PULLING
NAPLES, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
PULLING, MARSHA FORD
6500 N AIRPORT PULLING
NAPLES, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 #

Daniel W. Kreinbrink **DANIEL W. KREINBRINK** -4-06 239-337-1669