2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N29160

1. Entity Name
DODGE INDUSTRIAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
991 CHALMER DR MARCO ISLAND, FL 34145 US	P O BOX 1119 MARCO ISLAND, FL 34146 US

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01222006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0079643
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SKRZYNSKI, DEBORAH E DT
1811 DOGWOOD DRIVE
MARCO ISLAND, FL 34145

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	TRAVIS, MARK P
STREET ADDRESS	418 PERSIAN CT
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	DVT
NAME	CHOLEWINSKI, GARY R.
STREET ADDRESS	9 GROSSBECK DR.
CITY-ST-ZIP	NAPLES, FL 34114
TITLE	DS
NAME	JONES, RICHARD
STREET ADDRESS	P.O. BOX 2525
CITY-ST-ZIP	MARCO ISLAND, FL 34146
TITLE	DT
NAME	SKRZYNSKI, DEBORAH E
STREET ADDRESS	1811 DOGWOOD DR
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/02/06-80044-025 61.25

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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 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: Deborah Skrzynski 1/23/06 239 642 5400 X105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #