

2006 NON-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90120 010 ****61.25

DOCUMENT # N35743

1. Entity Name

LORD DERICK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

715 SE 47TH ST.
102
CAPE CORAL FL 33904
US

Mailing Address

C/O RICHARD D. DUMONT
14 SALVAS CT
CUMBERLAND RI 02864
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0332184

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LABBE, NANCY
1002 3RD ST E
LEHIGH ACRES FL 33904

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33972

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEROUX, LEO	
STREET ADDRESS	136 SEFTON AVE	
CITY-ST-ZIP	WARWICK RI	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MALONE, FRANCES	
STREET ADDRESS	715 SE 47TH ST	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LENO, PAULETTE	
STREET ADDRESS	136 SEFTON AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DUMONT, RICHARD	
STREET ADDRESS	715 SE 47TH ST., #102	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEROUX, LEO	
STREET ADDRESS	136 SEFTON AVE	
CITY-ST-ZIP	WARWICK, R.I. 02889	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALONE, FRANCIS	
STREET ADDRESS	142 SE. 44TH. ST.	
CITY-ST-ZIP	CAPE CORAL FL. 33904	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEROUX, PAULETTE	
STREET ADDRESS	136 SEFTON AVE.	
CITY-ST-ZIP	WARWICK, R.I. 02889	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LABBE, NANCY	
STREET ADDRESS	1002 3RD ST. E	
CITY-ST-ZIP	LEHIGH ACRES, FL. 33972	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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:

Richard D Dumont
RICHARD D DUMONT 3-22-06(401)692-0310