2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 8:00 am Secretary of State

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04-16-2007 90058 016 ****70.00 ST. CLAIR GARDEN CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 400PILT. **4728 ORANGE GROOVE BOULEVARD 4728 ORANGE GROVE BOULEVARD** N. FT. MYERS, FL 33903 US N. FT. MYERS, FL 33903 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03082007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Numbe Applied For 59-1929421 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROCK, ARTHUR B Gladys
4728 ORANGE GROVE BLVD. # 16 Street Address (P.O. Box Number is Not Acceptable) NORTH FORT MYERS, FL 33903 City uera 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, typed or printed (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Due by May 1, 2007 Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE DT ☐ Defete TITLE Change ☐ Addition BROCK, ARTHUR B NAME MARKET 4728 ORANGE GROVE BLVD. STREET ADDRESS STREET ADDRESS NAT MYERS, FL 33903 CHTY-ST-71P CITY- ST- ZIP DΡ TIME ☐ Delete TITLE ☐ Change ☐ Addition WILLIAMSON, SHIRLEY R HAME NAME 4728 ORANGE GROVE BLVD STREET ADDRESS STREET ADDRESS N FORT MYERS, FL 33903 CITY-ST-ZIP CITY-ST-7IP VD TIT) F TITLE ☐ Delete ☐ Change ☐ Addition COLLINS, VILORA 4728 OBANGE GROVE BLVD. NAME STREET ADDRESS STREET ADDRESS N. FT. MYERS, FL 33903 CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete TITLE Sicael, Gladys + ☐ Chappe ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP Debra DANIELS KIDS OFFIGE GOVE #9 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS NET MYORS, FI Michael Baker CITY-ST-ZIP CITY-ST-ZIP 3273 F TITLE Change Addition NAME 4728 Ornwye Grove STREET ADDRESS STREET ADDRESS CITY-SI-ZIP 33703 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 ceth; that I am an officer or director of the corporation or the receiver or trustee empowered to office 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:

MG OFFICER OR SIRECTOR