2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N40742

1. Entity Name

MCCOMB LANE MAINTENANCE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3566 MCCOMB LANE BONITA SPRINGS FL 34134 US	3566 MCCOMB LANE BONITA SPRINGS FL 34134 US

1st MOORE CR2E037 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0227393 ☐ Applied For ☐ Not Applicat

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
JOHNSON, BONNIE J. 3566 MCCOMB LANE BONITA SPRINGS FL 34134	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 acc the obligations of registered agent.

SIGNATURE Bonnie J. Johnson Bonnie J. Johnson 4-4-06
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ A
NAME	WURSTER, GLEN		NAME	
STREET ADDRESS	3705 MCCOMB LANE		STREET ADDRESS	U00000501239
CITY-ST-ZIP	BONITA SPRINGS FL		CITY-ST-ZIP	04/25/06-80054-008 61.25
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ A
NAME	JOHNSON, RICHARD		NAME	
STREET ADDRESS	3566 MCCOMB LANE		STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL		CITY-ST-ZIP	
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ A
NAME	JOHNSON, BONNIE		NAME	
STREET ADDRESS	3566 MCCOMB LANE		STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL		CITY-ST-ZIP	
TITLE	VPD	☐ Delete	TITLE	☐ Change ☐ A
NAME	SPENGER, PETER		NAME	
STREET ADDRESS	3691 MCCOMB LANE		STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ A
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ A
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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 informati 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 direc 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 if changed, or on an attachment with an address, with all other like empowered.

4-4-06

SIGNATURE Bonnie J. Johnson Bonnie J. Johnson 239-992-468