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

Feb 15, 2006 8:00 am Secretary of State DOCUMENT # N47853 1. Entity Name 02-15-2006 90036 003 ****61.25 SA ATOGA LAKE ASSOCIATION, INC. Principal Place of Business Mailing Address 136 SE 5TH ST CAPE CORAL FL 33990 136 SE 5TH ST CAPE CORAL FL 33990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For **NO-T APPLICABLE** Not Applicable Zip Country 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 PELUSO, AL Street Address (P.O. Box Number is Not Acceptable) 136 S.E. 5TH ST. CAPE CORAL FL 33990 City Zip Code FI 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Oue By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Defete TITLE ☐ Change Addition PELUSO, AL NAME NAME 136 SE 5TH ST STREET ADDRESS STREET AODRESS CAPE CORAL FL CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition DRUMM, GORDAN NAME NAME 426 SE SANTA BARBARA PL STREET ADDRESS STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP CITY-ST-ZIP TD TITLE Delete TITLE __ Change ___ Addition_ PELLISO, PAULINE NAME NAME 136 SE 5TH ST. STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33990 CITY-ST-ZIP CITY-ST-ZIP TITLE SD ☐ Delete TITLE Change | Addition NAME DAWN PELUSO STREET ADDRESS 136 S.E. 5TH ST STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 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.

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: Al Peluso AL PEL 450 Feb 3

☐ Delete

☐ Delete

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DARRELL RAMSDEN

ORDINO, ANTHONY 211 SE 2ND AVE

241 S.E. 3RD ST

CAPE CORAL FL

CAPE CORAL FL

VD

FLG 3 2006 239-742 9395

☐ Change

☐ Change

Addition

■ Addition

FILED