

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90195 034 ****61.25

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1. Entity Name
OSTEGO BAY VILLAGE CONDOMINIUM ASSOCIATION,
INC.



Principal Place of Business
372 LENELL ROAD
FT. MYERS BEACH, FL 33931 US

Mailing Address
P.O. BOX 6017
FT. MYERS BEACH, FL 33932

50019417



2. Principal Place of Business
27800 OLD 41 RD

3. Mailing Address
27800 OLD 41 RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102006 Chg-NP CR2E037 (11/05)

City & State
BONITA SPRINGS, FL

City & State
BONITA SPRINGS, FL

4. FEI Number
22-3223461

Applied For
Not Applicable

Zip
34135

Country
USA

Zip
34135

Country
USA

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

6. Name and Address of Current Registered Agent

SUITOR & ASSOC., INC.
100 LOVERS LANE 3RD FLOOR
FORT MYERS BEACH, FL 33931

7. Name and Address of New Registered Agent

Name
STERLING PROPERTY SERVICES
Street Address (P.O. Box Number is Not Acceptable)

27800 OLD 41 RD

City BONITA SPRINGS FL Zip Code 34135

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 J.S. O'GORMAN

J.S. O'GORMAN

4/24/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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 P ☐ Delete
NAME MILLER, ROBERT
STREET ADDRESS 300 LENNELL ROAD
CITY-ST-ZIP FORT MYERS BEACH, FL 33931

TITLE D ☐ Delete
NAME HAWKINSON, JOHN/HELEN
STREET ADDRESS 293 GOVENORS LANE
CITY-ST-ZIP ELGIN, IL 60123

TITLE VP ☐ Delete
NAME SCHRAMM, LARRY
STREET ADDRESS 5200 SOUTH JACKSON ROAD
CITY-ST-ZIP JACKSON, MI 49201

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE JOHN HAWKINSON ☒ Change ☐ Addition
NAME 4198 BAY BEACH LANE
STREET ADDRESS UNIT 175
CITY-ST-ZIP FT MYERS BEACH, FL, 33931

TITLE D ☒ Change ☐ Addition
NAME ROBERT MILLER
STREET ADDRESS 300 LENNELL RD
CITY-ST-ZIP FT. MYERS BEACH, FL 33931

TITLE LARRY SCHRAMM ☒ Change ☐ Addition
NAME 6200 SOUTH JACKSON RD
STREET ADDRESS JACKSON, MI, 49201

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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: J.S. O'GORMAN

4/10/06 (239) 947 4552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #