2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 8:00 am Secretary of State

01-17-2006 90230 049 ****61.25

DOCUMENT # N93000002402 1. Entity Name CORNWALLIS NEIGHBORHOOD ASSOCIATION INC.					01-17-2006 90230 049 ****61.25				
Principal Place 1907 CORNW CAPE CORAL,	VALLIS PKWY	Mailing Address 1907 CORNWALLIS PKW CAPE CORAL, FL 33904			1 (23)((4) 818 19		30001		B1 B4 B4 18 B1
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052006	Chg-NP	CR2E0	37 (11/05)	
City & State	е	City & State			4. FEI Number 65-04012	234			oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New	Registered	Agent	
MACDONA	ALD, BETTY		Name						
1907 COR	NWALLIS PKWY RAL, FL 33904		Street Address (is Not Acceptat	ole)		
	. •		City					Zip Code	
117	named entity submits this statement for		r register	ed agent, or both	in the State of I	Florida, Lam	<u> </u>		
	tions of registered agent.	The perpendicular and the management of the mana	ogicioros sinos s	rogiotori	ob agoni, or boun,		1011001 1011		-
SIGNATURE Signature, hyped or printed name of registered agent and title 4 applicable. (NOTE. Registered Agent significant enquired when reinstating) DATE On the Control of the Control								26	
SIGNATURE.	Signature, typed or printed name of registered agent	and title of applicable. (NOTE.	Registered Agent sign	ure required	when reinstating)	MAXIL	DATE		
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2006	and title of applicable. (NOTE. 9. Election Carni, Trust Fund Co	paign Financing	ure required	when reinstating) \$5.00 May Be Added to Fees		DATE	k payable to	•
SIGNATURE .	Filling Fee is \$61.25	9. Election Carn Trust Fund Co	paign Financing	A	\$5.00 May Be	Fie	Make chec orida Depa	k payable to	o
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing ontribution.	7TD DR. 1	\$5.00 May Be Added to Fees DDITIONS/CHAN #ANS BOG 5.E 22**	FINSBER PLACE	Make checorida Depa	k payable to	o
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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 at	achment with an address, with all other like empowered.	,	
SIGNATURE:	Setty Mac Donald	1-17-06	239-542-4673
	SIGNATURE AND PIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daylime Phone #