

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000004488

1. Entity Name
CMCC-SOUTH OWNERS' ASSOCIATION, INC.



Principal Place of Business
**4589 ORANGE RIVER LOOP RD
FORT MYERS, FL 33905**

Mailing Address
**4589 ORANGE RIVER LOOP RD
FORT MYERS, FL 33905**



04122006 No Chg-NP CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0609572

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WINESETT, RICHARD W
2248 FIRST ST.
FT. MYERS, FL 33901**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

7. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	HAYES, PATRICK J
STREET ADDRESS	2077 FIRST ST., STE. 208
CITY-STATE-ZIP	FT. MYERS, FL
TITLE	VD
NAME	CORBETT, D.K.
STREET ADDRESS	4589 ORANGE RIVER LOOP RD.
CITY-STATE-ZIP	FT. MYERS, FL
TITLE	SD
NAME	JONES, LESLIE N
STREET ADDRESS	2077 FIRST ST., STE. 208
CITY-STATE-ZIP	FT. MYERS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000000516014
04/29/06-80234-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

D.K. CORBETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04.14.06 239.693-
\$919**

Date

Daytime Phone #