

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90154 036 \*\*\*\*61.25

**DOCUMENT # N97000003762**

1. Entity Name  
**SEARAY CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**AMERICAN CONDO MANAGEMENT, INC  
909 SE 47TH TERR STE, 205  
CAPE CORAL, FL 33904**

Mailing Address  
**AMERICAN CONDO MANAGEMENT, INC  
P.O. BOX 100399  
CAPE CORAL, FL 33910**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**615 Cape Coral Pkwy W #103**

Suite, Apt. #, etc.

City & State

City & State

Zip

**33914**

Country

Zip

Country

02162006

Chg-NP

CR2E037 (11/05)

4. FEI Number

**65-0852955**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KASE, SUSAN  
809 SE 47TH TERR  
SUITE 105  
CAPE CORAL, FL 33904**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**615 Cape Coral Pkwy W #103**

City

**FL**

**Zip Code  
33914**

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 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
BOYD, JAMES  
922 SW 48TH TERR #211  
CAPE CORAL, FL 33904** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
HERVOLD, LINDA  
922 SW 48TH TERR #115  
CAPE CORAL, FL 33904** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
HERVOLD, LINDA  
922 SW 48TH TERR #115  
CAPE CORAL, FL 33904** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
RODD, CLIFFORD  
922 SW 49TH TERR 3114  
CAPE CORAL, FL 33904** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
JANISSE, MAURICE  
922 SW 48TH TERR #113  
CAPE CORAL, FL 33904** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DOREEN FALCETANO  
922 SW 48TH TERR #115  
CAPE CORAL, FL 33914** ☐ Change ☒ Addition

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VO  
MARK FIRMAI  
922 SW 48TH TERR #214  
CAPE CORAL, FL 33914** ☐ Change ☒ Addition

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

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #