

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-02-2006 90226 016 ****61.25

60033561



04262006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-3564336** Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent

TROPICAL ISLER MGMT
12734 KENWOOD LANE #49
FORT MYERS, FL 33907

7. Name and Address of New Registered Agent

Name **Paul Sapp**

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

City

P & M Property Management
15660 San Carlos Blvd. # 40
Fort Myers, Florida 33908

Code

8. The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent.

SIGNATURE

Paul Sapp

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	D	<input type="checkbox"/> Delete
NAME	MEARE, NED	
STREET ADDRESS	3385 GRAND CYPRESS DR #101	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEPARD, DAVID	
STREET ADDRESS	3325 GRAND CYPRESS DR #101	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BURNS, ALAN	
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY	
CITY-ST-ZIP	FT MYERS, FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONNOR, CONNIE	
STREET ADDRESS	3425 GRAND CYPRESS DR #102	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	AJM	<input checked="" type="checkbox"/> Delete
NAME	REDDING, DON	
STREET ADDRESS	12734 KENWOOD LANE #49	
CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ASM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Glynis Lowman	
STREET ADDRESS	15660 San Carlos Blvd #40	
CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Glynis Lowman Glynis Lowman

4/26/06 239-481-1577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #