

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90069 048 \*\*\*\*61.25

DOCUMENT # N99000003710

1. Entity Name  
THE MANOR AT MORTON GROVE CONDOMINIUM  
ASSOCIATION, INC.



Principal Place of Business  
MANOR AT MORTON GROVE  
LITTLE JOHN COURT  
BONITA SPRINGS, FL 34135

Mailing Address  
PROFESSIONAL COMMUNITY SERVICE  
PO BOX 110156  
NAPLES, FL 34108



03262007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3590503

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

WHITE, WILLIAM D  
2310 DELLA DRIVE  
NAPLES, FL 34117

**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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	PUKIN, CARL
STREET ADDRESS	26716 LITTLE JOHN CT. #35
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	DT
NAME	TOWNER, CATHERINE
STREET ADDRESS	26735 LITTLE JOHN COURT, #26
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	DS
NAME	SLAIS, JODI S
STREET ADDRESS	26723 LITTLE JOHN COURT # 20
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	MAS
NAME	WHITE, WILLIAM D
STREET ADDRESS	2310 DELLA DRIVE
CITY-ST-ZIP	NAPLES, FL 34117

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-07 239-352-6780

Date

Daytime Phone #