

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000120875

1. Entity Name
AMERICAN CONDOMINIUM MANAGEMENT, INC.



Principal Place of Business
909 SE 47TH TERR #105
CAPE CORAL, FL 33904

Mailing Address

909 SE 47TH TERR #105
CAPE CORAL, FL 33904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
1615 Cape Coral Pkwy W, #103

Suite, Apt. #, etc.

City & State

City & State

Zip
33914

Zip
33914

Country



04262006 Chg-P CR2E034 (11/05)

4. FEI Number
30-0006395

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KASE, SUSAN M
909 SE 47TH TERR #105
CAPE CORAL, FL 33904

Name

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

1615 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME KASE, SUSAN M
STREET ADDRESS 909 SE 47TH TERR STE 105
CITY-ST-ZIP CAPE CORAL, FL 33904

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

1615 Cape Coral Pkwy W #103
CAPE CORAL, FL 33914

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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Change Addition

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CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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 607, 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 #