




# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 21, 2006 8:00 am**  
**Secretary of State**

08-21-2006 90004 036 \*\*\*150.00

<b>DOCUMENT # P03000077560</b> 1. Entity Name <b>PERSIMMON RIDGE ESTATES COMMUNITY ASSOCIATES, INC.</b>					
Principal Place of Business <b>9340 SEDGEFIELD ROAD NORTH FORT MYERS, FL 33917</b>				Mailing Address <b>9340 SEDGEFIELD ROAD NORTH FORT MYERS, FL 33917</b>	
2. Principal Place of Business <b>21351 Walker Farm Ct.</b> Suite, Apt. #, etc.		3. Mailing Address <b>21351 Walker Farm Ct.</b> Suite, Apt. #, etc.			
City & State <b>ALUA FL</b>		City & State <b>ALUA FL</b>		4. FEI Number <b>33-1093895</b>	
Zip <b>33920</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PURDY, PATTI 9340 SEDGEFIELD ROAD NORTH FORT MYERS, FL 33917</b>				7. Name and Address of New Registered Agent Name <b>Gadoury Thadde</b> Street Address (P.O. Box Number is Not Acceptable) <b>21351 Walker Farm Ct.</b> City <b>ALUA FL</b> Zip Code <b>33920</b>	
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  DATE <b>6-10-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P D GADOURY, TED 11269 NORTH FORT MYERS, FL 33917</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SPEIGHT, ROSEMARY 17434 TALLVLAN FALL ROAD NORTH FORT MYERS, FL 33917</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST PURDY, PATTI 9340 SEDGEFIELD ROAD NORTH FORT MYERS, FL 33917</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Gadoury, Ted 21351 Walker Farm Ct ALUA, FL 33920</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary/Treasurer WATTS, Barbara 21400 Walker Farm Ct. ALUA, FL 33920</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		6-10-06		239-565-2437	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	