

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 15 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P95000059807 (4)**

1. Corporation Name

CONDO CARE & MANAGEMENT, INC.



| | |
|---|---|
| Principal Place of Business ONE BLUEBILL AVE UNIT 101 NAPLES FL 33963 | Mailing Address ONE BLUEBILL AVE UNIT 101 NAPLES FL 33963 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|--|--|--|--|
| 2. Principal Place of Business 21 26380 SUMMER GREENS DR Suite, Apt. #, etc. | | 2a. Mailing Address 26 26380 SUMMER GREENS DR Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 08/01/1995 | |
| 22 City & State 23 BONITA SPRINGS FL | | 27 City & State 28 BONITA SPRINGS FL | | 4. FEI Number 65-0601147 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> | |
| 24 Zip 34135 | | 29 Zip 34135 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Country 25 LEE | | Country 30 LEE | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent JENSEN, DONALD A ONE BLUEBILL AVE UNIT 101 NAPLES FL 33963 | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name JENSEN DONALD A |
| 82 Street Address (P.O. Box Number is Not Acceptable) 26380 SUMMER GREENS DR |
| 83 |
| 84 City BONITA SPRINGS |
| 85 Zip Code FL 34135 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Donald A Jensen
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-16-98
DATE

| | | | |
|--|---------------------------------|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE D | <input type="checkbox"/> DELETE | 1.1 TITLE JENSEN BETTY A | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME JENSEN, BETTY A | | 1.2 NAME 26380 SUMMER GREENS DR | |
| STREET ADDRESS ONE BLUEBILL AVE UNIT 101 | | 1.3 STREET ADDRESS BONITA SPRINGS FL 34135 | |
| CITY-ST-ZIP NAPLES FL 33963 | | 1.4 CITY-ST-ZIP BONITA SPRINGS FL 34135 | |
| TITLE D | <input type="checkbox"/> DELETE | 2.1 TITLE JENSEN DONALD A | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME JENSEN, DONALD A | | 2.2 NAME 26380 SUMMER GREENS DR | |
| STREET ADDRESS ONE BLUEBILL AVE UNIT 101 | | 2.3 STREET ADDRESS BONITA SPRINGS FL 34135 | |
| CITY-ST-ZIP NAPLES FL 33963 | | 2.4 CITY-ST-ZIP BONITA SPRINGS FL 34135 | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donald A Jensen

3-16-98 941 4984850

CR2E034 (10/97)