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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756236 (6)
1. Corporation Name
PROMENADES WEST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
3006 CARING WAY 3006 CARING WAY
PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33952-5702

3. Date Incorporated or Qualified 02/06/1981 3a. Date of Last Report 04/03/1996
4. FEI Number 59-2149242 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

BOYLE, CHARLES T.
115 W. OLYMPIA AVE.
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P SHELT, CHARLES 616 PROMENADES WEST PORT CHARLOTTE FL	1.1 TITLE	P HANSEN, E. BAY 251 TAIT TERRACE PORT CHARLOTTE FL 33952
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V SHELT, CHARLES 616 PROMENADES WEST PORT CHARLOTTE FL	2.1 TITLE	V ROYSTER, CHARLES 231 PROMENADES WEST PORT CHARLOTTE FL 33952
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD A SMUS, RUTH 503 PROMENADES WEST PORT CHARLOTTE FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD SCHAEFFER, DON 516 PROMENADES WEST PT. CHARLOTTE FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D MURRAY, JOHN 3245 PEACE RIVER DRIVE HARBOUR HEIGHTS FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D DAVIS, ARTHUR 603 PROMENADES WEST PT. CHARLOTTE FL	6.1 TITLE	D WEBBER, DONALD 314 PROMENADES WEST PORT CHARLOTTE FL 33952
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

DONALD R. SCHAEFFER

CR2E037 (9/96)