

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

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DOCUMENT # 756236

1. Corporation Name

PROMENADES WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3006 CARING WAY
PORT CHARLOTTE FL 33952

Mailing Address

3006 CARING WAY
PORT CHARLOTTE FL 33952

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/06/1981

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

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

TITLE P ☐ DELETE

NAME MURRAY, JOHN V
STREET ADDRESS 3244 PEACE RIVER DR
CITY-ST-ZIP HARBOUR HTS FL 33983

TITLE V. ROYSTER ☐ DELETE

NAME ROYSTER, CHARLES
STREET ADDRESS 231 PROMENADES WEST
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE SD A ☐ DELETE

NAME SMUS, RUTH Asmus, Ruth
STREET ADDRESS 503 PROMENADES WEST
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE TD ☐ DELETE

NAME SCHAEFFER, DON
STREET ADDRESS 516 PROMENADES WEST
CITY-ST-ZIP PT. CHARLOTTE FL

TITLE D ☒ DELETE

NAME HANSEN, E BAY
STREET ADDRESS 251 TAIT TERR
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE D ☒ DELETE

NAME WEBBER, DONALD
STREET ADDRESS 314 PROMENADES WEST
CITY-ST-ZIP PT. CHARLOTTE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME DAVIS, ARTHUR
1.3 STREET ADDRESS 603 PROMENADES WEST
1.4 CITY-ST-ZIP PORT CHARLOTTE FL 33952

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ASMUS, RUTH
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D ☒ Change ☐ Addition

5.2 NAME MURRAY, JOHN V
5.3 STREET ADDRESS 3244 PEACE RIVER DR
5.4 CITY-ST-ZIP HARBOUR HTS FL 33983

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME BETTY HANSEN
6.3 STREET ADDRESS 605 PROMENADES WEST
6.4 CITY-ST-ZIP PORT CHARLOTTE FL 33952

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Arthur Davis* SIGNATURE OF ARTHUR DAVIS 4/15/99 941-627-0192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)