

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756236

FILED
Apr 03, 2009
Secretary of State

Entity Name: PROMENADES WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3006 CARING WAY
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

3006 CARING WAY
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 59-2149242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WOTITZKY, EDWARD L
990 WEST MARION ST
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

WOTITZKY, EDWARD L
223 TAYLOR STREET
PUNTA GORDA, FL 33950 US

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.

SIGNATURE:

04/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WESTERN, PHILIP
Address: 3006 CARING WAY 306
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: SHELTON, CHARLES
Address: 30006 CARING WAY 616
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: KEILMAN, DENNIS
Address: 540 CORONADO DR
City-St-Zip: PUNTA GORDA, FL 33950

Title: VD () Delete
Name: MANZO, ROCCO
Address: 329 PROMENADES WEST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: DAVIS, ARTHUR
Address: 3006 CARING WAY 603
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: TD () Delete
Name: HORSLEY, JOHN
Address: 3006 CARING WAY 514
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FROST, THOMAS
Address: 30006 CARING WAY 431
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: DAVIS, ARTHUR
Address: 3006 CARING WAY 603
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROCCO MANZO

VD

04/03/2009

Electronic Signature of Signing Officer or Director

Date