

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756236

FILED
Mar 21, 2011
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: FROST, THOMAS
Address: 3006 CARING WAY 431
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP
Name: MANZO, ROCCO
Address: 3006 CARING WAY 329
City-St-Zip: PORT CHARLOTTE, FL 33952

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

Title: TD
Name: MURPHY, WILLIAM
Address: 3006 CARING WAY 215
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: SD
Name: CONLEY, MAUREEN
Address: 3006 CARING WAY 406
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D
Name: SHELTON, CHARLES
Address: 3006 CARING WAY 616
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby 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 all other like empowered.

SIGNATURE: THOMAS FROST

PD

03/21/2011

Electronic Signature of Signing Officer or Director

Date