

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90738 037 \*\*\*\*61.25

**DOCUMENT # 756236**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2149242**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOTITZKY, EDWARD L  
223 TAYLOR ST  
PUNTA GORDA FL 33950**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SHELT, CHARLES</b> <b>616 PROMENADES WEST</b> <b>PORT CHARLOTTE FL 33952</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAVIS, ARTHUR</b> <b>603 PROMENADES WEST</b> <b>PORT CHARLOTTE FL 33952</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD A</b> <b>ALLMAN, MAXINE</b> <b>426 PROMENADES WEST</b> <b>PORT CHARLOTTE FL 33952</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SCHAEFFER, DON</b> <b>516 PROMENADES WEST</b> <b>PORT CHARLOTTE FL 33952</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>PENNINGTON, DAVID</b> <b>432 PROMENADES WEST</b> <b>PORT CHARLOTTE FL 33952</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COOKE, EKLIER</b> <b>428 PROMENADES WEST</b> <b>PT. CHARLOTTE FL 33952</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES.</b> <b>CHARLES SHELT</b> <b>616 PROMENADES WEST</b> <b>PORT CHARLOTTE, FL. 33952</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Muzzy, Bernida</b> <b>611 Promenades West</b> <b>PORT CHARLOTTE, FL 33952</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CALLAN, Robert</b> <b>606 Promenades West</b> <b>PORT CHARLOTTE, FL 33952</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PENNINGTON, DAVID</b> <b>432 Promenades West</b> <b>PORT CHARLOTTE, FL 33952</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Charles L. Shelt* **CHARLES L. SHELT** 4/3/03 941-625-3250

CR2E037 (10/02)

ATTACHMENT

10059964  
DOC # 756236

March 31, 2003

Department of State

Document #756236

Addition to the Officers/Directors for Promenades West:

TD John Horsley  
514 Promenades West  
Port Charlotte, FL 33952

Thank you!