# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 26, 2004 8:00 am**
**Secretary of State**
04-26-2004 90483 020 ****61.25

DOCUMENT # N26836

1. Entity Name
ANDOVER SQUARE I CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4100 CORPORATE SQUARE<br>105<br>NAPLES, FL 34104 US | 4100 CORPORATE SQUARE<br>105<br>NAPLES, FL 34104 US |

03312004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| c/o Greenwood Management Services, Inc. | c/o Greenwood Management Services, Inc. |
| Suite, Apt. #, etc.: 5533 Greenwood Circle | Suite, Apt. #, etc.: 5533 Greenwood Circle |
| City & State: Naples, FL | City & State: Naples, FL |
| Zip: 34112 Country: USA | Zip: 34112 Country: USA |

4. FEI Number: 65-0072373 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

ANCHOR ASSOCIATES, INC
4100 CORPORATE SQUARE
#105
NAPLES, FL 34104

**7. Name and Address of New Registered Agent**

Name: JOHN H. SLATER
GREENWOOD MANAGEMENT SERVICES, INC
Street Address (P.O. Box Number is Not Acceptable): 5533 GREENWOOD CIRCLE
City: NAPLES, FL Zip Code: 34112

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: John H. Slater Association Manager 4/17/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2004**

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 | SD<br>LUDWIG, JEANNE<br>4548 ANDOVER WAY #206<br>NAPLES, FL 34112 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>CALDWELL, ROBERT<br>4572 ANDOVER WAY # 103<br>NAPLES, FL 34112 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DOYLE, ROBERT<br>4564 ANDOVER WAY #103<br>NAPLES, FL 34112 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>O'NEILL, JOSEPH<br>4516 ANDOVER WAY # 104<br>NAPLES FL 34112 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KARLSSON, LEE<br>4588 ANDOUER WAY #105<br>NAPLES, FL 34112 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MESSINGER, CARL<br>4556 ANDOVER WAY # 205<br>NAPLES, FL 34112 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KELLER, CHARLES<br>4516 ANDOVER WAY #205<br>NAPLES, FL 34112 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>LAPLANTE, JOSEPH<br>4588 ANDOVER WAY #301<br>NAPLES, FL 34112 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>KINEL, JOHN<br>4532 ANDOVER WAY #106<br>NAPLES, FL 34112 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD | ☒ Change ☐ 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:** PRESIDENT John Kinel 4/20/04 (239) 530-4141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 10#

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[redacted]

03312004 Chg-NP CR2E037 (10/03)

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|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-0072373 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ANCHOR ASSOCIATES, INC<br>4100 CORPORATE SQUARE<br>#105<br>NAPLES, FL 34104 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

CONTINUATION SHEET

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

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|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>LUDWIG, JEANNE<br>4548 ANDOVER WAY #206<br>NAPLES, FL 34112 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Hood, Robar<br>4548 Andover way #301<br>Naples, FL 34112 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DOYLE, ROBERT<br>4564 ANDOVER WAY #103<br>NAPLES, FL 34112 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>McKenzie, Richad<br>4556 Andover way # 201<br>Naples, FL 34112 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KARLSSON, LEE<br>4588 ANDOUER WAY #105<br>NAPLES, FL 34112 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Walsh, Margaret<br>4564 Andover way # 106<br>Naples, FL 34112 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MESSINGER, CARL<br>4556 ANDOVER WAY # 205<br>NAPLES, FL 34112 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>LAPLANTE, JOSEPH<br>4588 ANDOVER WAY #301<br>NAPLES, FL 34112 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>KINEL, JOHN<br>4532 ANDOVER WAY #106<br>NAPLES, FL 34112 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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**SIGNATURE:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #