

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90092 035 ****61.25

DOCUMENT # N26836 1. Entity Name ANDOVER SQUARE I CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O GREENWOOD MANAGEMENT SERVICES INC 5533 GREENWOOD CIRCLE NAPLES FL 34112 34103 US		Mailing Address C/O GREENWOOD MANAGEMENT SERVICES INC 5533 GREENWOOD CIRCLE NAPLES FL 34112 34103 US	
2. Principal Place of Business 3400 Tamiami Trail Suite, Apt. #, etc. Suite 302 City & State Naples FL Zip 34103 Country US		3. Mailing Address 3400 Tamiami Trail N. Suite, Apt. #, etc. Suite 302 City & State Naples FL Zip 34103 Country US	
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 SLATER, JOHN H GREENWOOD MANAGEMENT SERVICES INC 5533 GREENWOOD CIRCLE NAPLES FL 34112		7. Name and Address of New Registered Agent Name Ed Boot Greenwood Management Service. Street Address (P.O. Box Number is Not Acceptable) 3400 Tamiami Trail North Suite 302 City Naples FL Zip Code 34103	
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 Edward J. Boot - CAM JwBoot 4-3-06 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	DV CALDWELL, ROBERT STREET ADDRESS 4572 ANDOVER WAY # 103 CITY-ST-ZIP NAPLES FL 34112	☒ Delete	
TITLE	DS O'NEILL, JOSEPH STREET ADDRESS 4516 ANDOVER WAY # 104 CITY-ST-ZIP NAPLES FL 34112	☒ Delete	
TITLE	D WILLIAM, STETLER STREET ADDRESS 4588 ANDOVER WAY, #305 CITY-ST-ZIP NAPLES FL 34112	☐ Delete	
TITLE	D KELLER, CHARLES STREET ADDRESS 4516 ANDOVER WAY # 205 CITY-ST-ZIP NAPLES FL 34112	☒ Delete	
TITLE	TD LAPLANTE, JOSEPH STREET ADDRESS 4588 ANDOVER WAY #301 CITY-ST-ZIP NAPLES FL 34112	☐ Delete	
TITLE	PD KINEL, JOHN STREET ADDRESS 4532 ANDOVER WAY #106 CITY-ST-ZIP NAPLES FL 34112	☒ Delete	
TITLE	P Fennelly, Mike STREET ADDRESS 4548 Andover way # F-104 CITY-ST-ZIP Naples FL 34112	☐ Change ☒ Addition	
TITLE	V mckenzie, Richard STREET ADDRESS 4556 Andover way # E-201 CITY-ST-ZIP Naples FL 34112	☐ Change ☒ Addition	
TITLE	D Charlene Bourque STREET ADDRESS 4580 Andover way # B102 CITY-ST-ZIP Naples FL 34112	☐ Change ☒ Addition	
TITLE	S Stetler, Bill STREET ADDRESS 4588 Andover way # A-305 CITY-ST-ZIP Naples FL 34112	☒ Change ☐ Addition	
TITLE	D Eleanor Carley STREET ADDRESS 4540 Andover way # G-206 CITY-ST-ZIP Naples FL 34112	☐ Change ☐ Addition	
TITLE	D Bob Hood STREET ADDRESS 4548 Andover way # F301 CITY-ST-ZIP Naples FL 34112	☒ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: J. Michael Fennelly		4/6/06 239-417-0356	

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DOCUMENT # **N26836**

1. Entity Name

ANDOVER SQUARE I CONDOMINIUM ASSOCIATION, INC.



ATTACHMENT

60037439

Principal Place of Business

Mailing Address

C/O GREENWOOD MANAGEMENT SERVICES INC/O GREENWOOD MANAGEMENT SERVICES INC
5533 GREENWOOD CIRCLE
NAPLES FL 34112 34103
US

2. Principal Place of Business

3400 Tamiami Trail

Suite, Apt. #, etc.

Suite 302

City & State

Naples FL

Zip

34103

Country

US

3. Mailing Address

3400 Tamiami Trail N.

Suite, Apt. #, etc.

Suite 302

City & State

Naples FL

Zip

34103

Country

US

1st MOORE

CR2E037 (10/05)

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

SLATER, JOHN H
GREENWOOD MANAGEMENT SERVICES INC
5533 GREENWOOD CIRCLE
NAPLES FL 34112

7. Name and Address of New Registered Agent

Name Ed Boot Greenwood Management Service.

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

3400 Tamiami Trail North

Suite 302

City Naples

FL

Zip Code 34103

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

Edward J. Boot

Ed Boot

4-3-06

Signature (Type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent Signature required when reissuing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE	DV	☒ Delete
NAME	CALDWELL, ROBERT	
STREET ADDRESS	4572 ANDOVER WAY # 103	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	DS	☒ Delete
NAME	O'NEILL, JOSEPH	
STREET ADDRESS	4516 ANDOVER WAY # 104	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	☐ Delete
NAME	WILLIAM, STETLER	
STREET ADDRESS	4588 ANDOVER WAY, #305	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	☒ Delete
NAME	KELLER, CHARLES	
STREET ADDRESS	4516 ANDOVER WAY # 205	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	TD	☐ Delete
NAME	LAPLANTE, JOSEPH	
STREET ADDRESS	4588 ANDOVER WAY #301	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	PD	☒ Delete
NAME	KINEL, JOHN	
STREET ADDRESS	4532 ANDOVER WAY #106	
CITY-ST-ZIP	NAPLES FL 34112	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Added Directors	☐ Change ☐ Addition
NAME	Page # 2	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	Bob Martin	
STREET ADDRESS	4524 Andover Way # I 204	
CITY-ST-ZIP	Naples FL 34112	
TITLE	D	☐ Change ☒ Addition
NAME	Bob Polzin	
STREET ADDRESS	4540 Andover way # G-203	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: