


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90101 037 ****61.25

DOCUMENT # N93000001270					
1. Entity Name FIELDSTONE VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1719 TRADE CENTER WAY #4 NAPLES, FL 34109			Mailing Address PO BOX 8478 NAPLES, FL 34101-8478		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03022005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 65-0394780	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WINKLER, NANCY 1719 TRADE CENTER WAY #4 NAPLES, FL 34109				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NULTY, LARRY	NAME			
STREET ADDRESS	3705 FIELDSTONE BLVD	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34109	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCGUIRE, PHILLIP	NAME			
STREET ADDRESS	3785 FIELDSTONE BLVD, #205	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34109	CITY-ST-ZIP			
TITLE	VSD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BROOKS, GAIL S	NAME	D Ralph Warble		
STREET ADDRESS	3795 FIELDSTONE BLVD, #105	STREET ADDRESS	3715 Fieldstone Blvd. #605		
CITY-ST-ZIP	NAPLES, FL 34109	CITY-ST-ZIP	Naples, FL 34109		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SEIXAR, PATRICIA	NAME			
STREET ADDRESS	3785 FIELDSTONE BLVD.	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34109	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: _____ Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					