2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N93000001270

1. Entity Name
FIELDSTONE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1719 TRADE CENTER WAY #4 NAPLES, FL 34109	PO BOX 8478 NAPLES, FL 34101-8478

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01312008   Chg-NP   CR2E037 (12/06)

4. FEI Number 65-0394780	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
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 _Nancy Winkler, Agent_   DATE _4-23-08_

Signature/typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 **Due by May 1, 2008**	**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 PD NAME MCGUIRE, PHILLIP STREET ADDRESS 3785 FIELDSTONE BLVD, #205 CITY-ST-ZIP NAPLES, FL 34109	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE VTD NAME WARBLE, RALPH STREET ADDRESS 3715 FIELDSTONE BLVD #605 CITY-ST-ZIP NAPLES, FL 34109	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE SD NAME COHEN, STEFANI STREET ADDRESS 3735 FIELDSTONE BOULEVARD SUITE 901 CITY-ST-ZIP NAPLES, FL 34109	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE D NAME PROVOST, MICHAEL D STREET ADDRESS 2614 TAMIAMI TRAIL, #501 CITY-ST-ZIP NAPLES, FL 34103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLAS KRAVEC 3730 FIELDSTONE BLVD #805 NAPLES, FL 34109	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _Ralph Warble_   Date _4/28/08_   Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR