2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001270

FILED Mar 04, 2009 Secretary of State

Entity Name: FIELDSTONE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1719 TRADE CENTER WAY #4 NAPLES, FL 34109 **Current Mailing Address: New Mailing Address:** PO BOX 8478 NAPLES, FL 341018478 FEI Number: 65-0394780 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WINKLER, NANCY 1719 TRADE CENTER WAY #4 NAPLES, FL 34109 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MCGUIRE, PHILLIP Name: Name: 3785 FIELDSTONE BLVD, #205 Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: Title: VTD () Delete Title: **VPTD** (X) Change () Addition WARBLE, RALPH Name: WARBLE, RALPH Name: Address: 3715 FIELDSTONE BLVD #605 Address: 3715 FIELDSTONE BLVD #605 City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109 Title: () Delete Title: (X) Change () Addition COHEN, STEFANI COHEN, STEFANI Name: Name: 3735 FIELDSTONE BOULEVARD SUITE 901 3735 FIELDSTONE BOULEVARD # 901 Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109 Title: () Delete Title: () Change () Addition Name: PROVOST, MICHAEL D Name: 2614 TAMIAMI TRAIL, #501 Address: Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip: Title: () Delete Title: (X) Change () Addition NICHOLAS, KRAVEC KRAVEC, MARY Name: Name: 3730 FIELD STONE BLVD #805 3730 FIELD STONE BLVD #805 Address: Address: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILLIP MCGUIRE PD 03/04/2009