

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90033 038 ****61.25

DOCUMENT # N97000004217 1. Entity Name BOLLETTIERI RESORT VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4301 32ND ST WEST STE A-20 BRADENTON, FL 34205			Mailing Address 4301 32ND ST WEST STE A-20 BRADENTON, FL 34205		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0777863	
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		
C&S CONDOMINIUM MGMT 4301 32ND ST WEST STE A-20 BRADENTON, FL 34205			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 _____ 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, 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	STD	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	WAXENBERG, ZELDA		NAME	D Gary Scheck	
STREET ADDRESS	3608 59TH DRIVE WEST		STREET ADDRESS	3205 54th Dr. W. N 103	
CITY-ST-ZIP	BRADENTON, FL 34210		CITY-ST-ZIP	Bradenton, FL 34210	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	COLIN, PATRICE		NAME	VP/S Maxine Baerwaldt	
STREET ADDRESS	3405 54TH DR W. #101		STREET ADDRESS	3405 54th Dr. W. #103	
CITY-ST-ZIP	BRADENTON, FL 34210		CITY-ST-ZIP	Bradenton, FL 34210	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ 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 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: <i>Maxine Baerwaldt</i>			2/3/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		