

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756236

Entity Name: PROMENADES WEST CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3006 CARING WAY
PORT CHARLOTTE, FL 33952**Current Mailing Address:**3006 CARING WAY
PORT CHARLOTTE, FL 33952**FEI Number:** 59-2149242**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MULLER, DAVID
6230 UNIVERSITY PARKWAY
SUITE 204
SARASOTA, FL 34240 US*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

Officer/Director Detail :

Title	P
Name	FROST, THOMAS
Address	3006 CARING WAY 431
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	VP
Name	JAMISON, GARY
Address	3006 CARING WAY #526
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	D
Name	KEILMAN, DENNIS
Address	9604 WALNUT DRIVE
City-State-Zip:	MUNSTER IN 46321

Title	TD
Name	MURPHY, WILLIAM
Address	3006 CARING WAY 215
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	SD
Name	JACOBS, ROBERT
Address	3006 CARING WAY UNIT 214
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	DIRECTOR
Name	BROWN, DONALD
Address	3006 CARING WAY UNIT 512
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	DIRECTOR
Name	STOCKMAL, THOMAS
Address	3006 CARING WAY UNIT 312
City-State-Zip:	PORT CHARLOTTE FL 33952

I hereby 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 all other like empowered.

SIGNATURE: THOMAS FROST

PRESIDENT

03/19/2014

Electronic Signature of Signing Officer/Director Detail

Date