2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756236

Entity Name: PROMENADES WEST CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 29, 2017
Secretary of State
CC0924617809

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 Title VP

Name STOCKMAL, THOMAS Name JAMISON, GARY

Address 3006 CARING WAY 312 Address 3006 CARING WAY #526

City-State-Zip: PORT CHARLOTTE FL 33952 City-State-Zip: PORT CHARLOTTE FL 33952

Title SECRETARY Title TI

Name SHEA, SUSAN Name MURPHY, WILLIAM

Address 3006 CARING WAY 418 Address 3006 CARING WAY 215

City-State-Zip: PORT CHARLOTTE FL 33952 City-State-Zip: PORT CHARLOTTE FL 33952

Title D. DIRECTOR Title DIRECTOR

Name LEWIS, HARRY Name BULLINGTON, LARRY

Address 3006 CARING WAY UNIT 209 Address 3006 CARING WAY UNIT 203

City-State-Zip: PORT CHARLOTTE FL 33952 City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR
Name MOWERY, BUD

Address 3006 CARING WAY #531

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 STOCKMAL

PRESIDENT

03/29/2017