

**2022 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 US

**FEI Number: 59-2149242**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF, P.A.  
1819 MAIN STREET  
SUITE 905  
SARASOTA, FL 34236 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:** JENNIFER HORAN

03/22/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name CONRAD, LARRY  
Address 3006 CARING WAY 229  
City-State-Zip: PORT CHARLOTTE FL 33952

Title TREASURER  
Name JAMES, MARTHA  
Address 3006 CARING WAY 332  
City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR  
Name LANGFORD, ROBERT  
Address 3006 CARING WAY UNIT 315  
City-State-Zip: PORT CHARLOTTE FL 33952

Title PRESIDENT  
Name AUKER, RUSS  
Address 3006 CARING WAY  
UNIT 221  
City-State-Zip: PORT CHARLOTTE FL 33952

Title SECRETARY  
Name CARLEN, DEBRA  
Address 3006 CARING WAY 603  
City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR  
Name ZAWISTOWSKI, TED  
Address 3006 CARING WAY 515  
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:** RUSS AUKER

PRESIDENT

03/22/2022

Electronic Signature of Signing Officer/Director Detail

Date