

2016 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 STOCKMAL, THOMAS
Address 3006 CARING WAY 312
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 SECRETARY
Name SHEA, SUSAN
Address 3006 CARING WAY 418
City-State-Zip: PORT CHARLOTTE FL 33952

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

Title D, DIRECTOR
Name LEWIS, HARRY
Address 3006 CARING WAY UNIT 209
City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR
Name BULLINGTON, LARRY
Address 3006 CARING WAY UNIT 203
City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR
Name FROST, THOMAS
Address 3006 CARING WAY UNIT 431
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

03/24/2016

Electronic Signature of Signing Officer/Director Detail

Date