2021 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:

HORAN, JENNIFER
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: JENNIFER HORAN   03/22/2021

                 Electronic Signature of Registered Agent   Date

Officer/Director Detail :

Title	VP	Title	PRESIDENT
Name	STOCKMAL, THOMAS	Name	PAFM, WILLIAM
Address	3006 CARING WAY 312	Address	3006 CARING WAY
City-State-Zip:	PORT CHARLOTTE FL 33952	City-State-Zip:	PORT CHARLOTTE FL 33952

Title	TREASURER	Title	SECRETARY
Name	SHEA, SUSAN	Name	CARLEA, DEBRA
Address	3006 CARING WAY 418	Address	3006 CARING WAY 531
City-State-Zip:	PORT CHARLOTTE FL 33952	City-State-Zip:	PORT CHARLOTTE FL 33952

Title	D, DIRECTOR	Title	DIRECTOR
Name	JAMES, MARTHA	Name	AUKER, RUSS
Address	3006 CARING WAY UNIT 332	Address	3006 CARING WAY
City-State-Zip:	PORT CHARLOTTE FL 33952	City-State-Zip:	PORT CHARLOTTE FL 33952

Title	DIRECTOR
Name	CONRAD, LARRY
Address	3006 CARING WAY
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: WILLIAM PAFM   PRESIDENT   03/22/2021

                Electronic Signature of Signing Officer/Director Detail   Date