

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704274

FILED
Mar 05, 2009
Secretary of State

Entity Name: GARDEN COURT OF NAPLES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

261 8TH AVE S
NAPLES, FL 34012 US

New Principal Place of Business:

Current Mailing Address:

C/O FRITZ PROPERTY MGMT.
1622 TRIANGLE PALM TERRACE
NAPLES, FL 341193397 US

New Mailing Address:

FEI Number: 59-1110835 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FRITZ, ROBERT
1622 TRIANGLE PALM TERRACE
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: PRICE, STEVE
Address: 250 1ST AVE N.
City-St-Zip: NAPLES, FL 34102

Title: PD () Delete
Name: SLAGER, JOHN
Address: 493 8TH AVE. S.
City-St-Zip: NAPLES, FL 34102

Title: TD () Delete
Name: DECASTER, DOUG
Address: PO BOX 1080
City-St-Zip: NAPLES, FL 34106 US

Title: D () Delete
Name: CARDWELL, AL
Address: 1417 CARDINA PL
City-St-Zip: DOWNINGTOWN, PA 19335

Title: SD () Delete
Name: FLYNN, JIM
Address: 283 8TH AVE. S.
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: FISHER, SUSAN
Address: 24231 LESKI LANE
City-St-Zip: PLAINFIELD, IL 60544

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: SLAGER, JOHN
Address: 493 8TH AVE. S.
City-St-Zip: NAPLES, FL 34102

Title: PD (X) Change () Addition
Name: DECASTER, DOUG
Address: PO BOX 1080
City-St-Zip: NAPLES, FL 34106 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MOSKOWITZ, ANNA
Address: 3709 LAKE HOLLOW WAY
City-St-Zip: PLANO, TX 75093

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN SLAGER

STD

03/05/2009

Electronic Signature of Signing Officer or Director

Date