
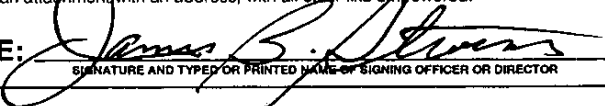


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90028 032 ****61.25

DOCUMENT # 738136							
1. Entity Name STRANDVIEW TOWER CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 4560 ESTERO BV #402 FT. MYERS BEACH, FL 33931 US			Mailing Address C/O WALKER PROPERTY MANAGMNT, LLC 315 DONORA BLVD. FT. MYERS BEACH, FL 33931 US				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-1780073			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
WALKER PROPERTY MANAGEMENT, LLC 315 DONORA BLVD. FORT MYERS BEACH, FL 33931			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code	
			8. 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____			DATE _____				
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
			Make check payable to Florida Department of State				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TIEZZI, BEN			NAME	VP - FAC Ben Tiezzi		
STREET ADDRESS	95 HOURIGAN DR			STREET ADDRESS	4560 Estero Blvd #502		
CITY-ST-ZIP	MERIDEN, CT 06451			CITY-ST-ZIP	Ft. Myers Beach, FL 33931		
TITLE	P	<input type="checkbox"/> Delete		TITLE	T		
NAME	STEVEN, JAMES			NAME	James Stevens		
STREET ADDRESS	4560 ESTERO BLVD			STREET ADDRESS	4560 Estero Blvd #402		
CITY-ST-ZIP	FT MYERS BEACH, FL 33931			CITY-ST-ZIP	Ft. Myers Beach, FL 33931		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	VP - ADMIN		
NAME	BLANCO, PETER			NAME	PETER BLANCO		
STREET ADDRESS	904 SOUTH COURT STREET			STREET ADDRESS	904 SOUTH COURT STREET		
CITY-ST-ZIP	CROWN POINT, IN 46307			CITY-ST-ZIP	CROWN POINT, IN 46307		
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE			
NAME	BERECZ, VICTOR			NAME			
STREET ADDRESS	4560 ESTERO BLVD			STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	P		
NAME				NAME	AI Berle		
STREET ADDRESS				STREET ADDRESS	6174 Venice DR		
CITY-ST-ZIP				CITY-ST-ZIP	Commerce Township, MI 48382		
TITLE		<input type="checkbox"/> Delete		TITLE	S		
NAME				NAME	Doug Hebeisen		
STREET ADDRESS				STREET ADDRESS	4560 Estero Blvd #701		
CITY-ST-ZIP				CITY-ST-ZIP	Ft. Myers Beach, FL 33931		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 			2/21/08		239-463-7637		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		