

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90340 036 ****61.25

DOCUMENT # 748063

1. Entity Name

**NEW ORLEANS APARTMENTS CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**615 SOUTH PALM AVENUE
SARASOTA FL 34236
US**

Mailing Address

**C/O STOKES PROPERTY MGMT
3053 51ST ST
SARASOTA FL 34234
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0053200

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STOKES, REBECCA F.
3053 51ST ST
SARASOTA FL 34234**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **RD*** ☒ Delete
NAME **BENNETT, FRED**
STREET ADDRESS **615 S PALM AVE**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Stephanie Elliott**
CITY-ST-ZIP **306 Rio Terra
Venice, FL 34285**

TITLE **D** ☐ Delete
NAME **AMANTE, JOSEPH**
STREET ADDRESS **615 S. PALM AVENUE. 8**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Change ☐ Addition
NAME **Director/Vice President**
STREET ADDRESS **Director/Vice President**
CITY-ST-ZIP **Director/Vice President**

TITLE **STD*** ☐ Delete
NAME **TILTON, LEANNE**
STREET ADDRESS **4454 GULF OF MEXICO DR**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Change ☐ Addition
NAME **Director/Sec./Treas**
STREET ADDRESS **Director/Sec./Treas**
CITY-ST-ZIP **Director/Sec./Treas**

TITLE **D** ☐ Delete
NAME **DUTOIT, STEVEN**
STREET ADDRESS **4709 E. TRAILS DR.**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE ☐ Change ☐ Addition
NAME **Director/President**
STREET ADDRESS **Director/President**
CITY-ST-ZIP **Director/President**

TITLE **D** ☐ Delete
NAME **PETERS, JOAN**
STREET ADDRESS **615 PALM AVE. #11**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Change ☐ Addition
NAME **Director/President**
STREET ADDRESS **2247 Hawthorne St.**
CITY-ST-ZIP **Sarasota, FL 34239**

TITLE ☐ Delete
NAME **PETERS, JOAN**
STREET ADDRESS **PETERS, JOAN**
CITY-ST-ZIP **PETERS, JOAN**

TITLE ☐ Change ☐ Addition
NAME **PETERS, JOAN**
STREET ADDRESS **PETERS, JOAN**
CITY-ST-ZIP **PETERS, JOAN**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Joan Peters* **Joan Peters-President 4/1/06 (941) 355-4880**