

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 749086

1. Entity Name
CARDINAL COURT, INC.



Principal Place of Business
**CARDINAL COURT
990 8TH ST SOUTH, UNIT 1B
NAPLES, FL 34102 US**

Mailing Address
**CARDINAL COURT
990 8TH ST SOUTH, UNIT 1B
NAPLES, FL 34102 US**



03092008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-2003306

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PANOSIAN, JACK M
990 8TH ST SOUTH
UNIT 1B
NAPLES, FL 34102**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000858228
04/01/08-80037-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARRETT, SALLY 990 8TH STREET S., 2C NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILDER, GEORGE 990 8TH STREET S., 2A NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOODILLE, JEAN 990 8TH STREET S., 1B NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SWANSON, NANCY 990 8 STREET SOUTH #1-C NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/08 239-435-0899