

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749974

FILED  
Mar 27, 2012  
Secretary of State

**Entity Name:** TRAWLER VILLAGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

14360 S TAMIAMI TRAIL UNIT B  
FORT MYERS, FL 33912 US

**New Principal Place of Business:**

**Current Mailing Address:**

14360 S TAMIAMI TRAIL UNIT B  
FORT MYERS, FL 33912 US

**New Mailing Address:**

**FEI Number:** 59-1880460

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

P&M PROPERTY MANAGEMENT  
14360 S TAMIAMI TRAIL UNIT B  
FORT MYERS, FL 33912 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:** D  
**Name:** KEEDY, JOHN  
**Address:** 14360 S TAMIAMI TRAIL UNIT B  
**City-St-Zip:** FORT MYERS, FL 33912

**Title:** VP  
**Name:** PALUMBO, AL  
**Address:** 14360 S TAMIAMI TRAIL UNIT B  
**City-St-Zip:** FORT MYERS, FL 33912

**Title:** D  
**Name:** KUPFERBERG, ROBERT  
**Address:** 14360 S TAMIAMI TRAIL UNIT B  
**City-St-Zip:** FORT MYERS, FL 33912

**Title:** S  
**Name:** MALVEN, PAUL  
**Address:** 14360 S TAMIAMI TRAIL UNIT B  
**City-St-Zip:** FORT MYERS, FL 33912

**Title:** P/T  
**Name:** EDWARDS, WALTER  
**Address:** 14360 S TAMIAMI TRAIL UNIT B  
**City-St-Zip:** FORT MYERS, FL 33912

**Title:** D  
**Name:** TERO, BILL  
**Address:** 14360 S TAMIAMI TRAIL UNIT B  
**City-St-Zip:** FORT MYERS, FL 33912

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:** PAUL L. SAPP

RA

03/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date