

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90017 034 ****61.25

DOCUMENT # 751900	
1. Entity Name PARTRIDGE PLACE CONDOMINIUM ASSOCIATION, INC.	



Principal Place of Business 16520 S. TAMiami TRL. 18-324 FORT MYERS, FL 33908	Mailing Address 16520 S. TAMiami TRL. 18-324 FORT MYERS, FL 33908
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40000707



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03282008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2074756		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PERKINS, REGINALD W 3660 WOODSTOCK CT FORT MYERS, FL 33908		Name Street Address (P.O. Box Number is Not Acceptable) <u>3751 Liberty Square</u> City <u>FL</u> 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 reinstating) 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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WILLIS, MARVIN			NAME	Karen Kearney		
STREET ADDRESS	16650 ISLAND PARK RD #203			STREET ADDRESS	16740 Partridge Place #201		
CITY-STATE-ZIP	FT MYERS, FL 33908			CITY-STATE-ZIP	Ft. Myers, FL 33908		
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	Mike Hagemann	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRUCE, WILLIAM			NAME	16680 Partridge Place #202		
STREET ADDRESS	16620 PARTRIDGE PLACE, 202			STREET ADDRESS	Ft. Myers, FL 33908		
CITY-STATE-ZIP	FORT MYERS, FL 33908			CITY-STATE-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COGHLIN, LORETTA			NAME			
STREET ADDRESS	16620 PARTRIDGE PLACE #104			STREET ADDRESS			
CITY-STATE-ZIP	FORT MYERS, FL 33908			CITY-STATE-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENRICH, DAVID			NAME			
STREET ADDRESS	16740 PARTRIDGE PLACE #103			STREET ADDRESS			
CITY-STATE-ZIP	FT MYERS, FL 33908			CITY-STATE-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROOKS, PEGGY			NAME			
STREET ADDRESS	39556 VILLAGE RUN DR			STREET ADDRESS			
CITY-STATE-ZIP	NORTHVILLE, MI 48167			CITY-STATE-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRAWFORD, SALLY			NAME			
STREET ADDRESS	16740 PARTRIDGE PLACE RD #101			STREET ADDRESS			
CITY-STATE-ZIP	FT MYERS, FL 33908			CITY-STATE-ZIP			

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: David K. Hume 4/3/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #