

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751900

FILED
Mar 13, 2009
Secretary of State

Entity Name: PARTRIDGE PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

16520 S. TAMiami TrL.
18-324
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

16520 S. TAMiami TrL.
18-324
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 59-2074756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERKINS, REGINALD W
3751 LIBERTY SQUARE
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

PERKINS, REGINALD W
3751 LIBERTY SQUARE
FORT MYERS, FL 33908 US

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: REGINALD PERKINS

03/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: KEARNEY, KAREN
Address: 16740 PARTRIDGE PLACE #201
City-St-Zip: FORT MYERS, FL 33908

Title: D (X) Delete
Name: HAGERMANN, MIKE
Address: 16680 PARTRIDGE PLACE #202
City-St-Zip: FORT MYERS, FL 33908

Title: TD () Delete
Name: HENRICH, DAVID
Address: 16740 PARTRIDGE PLACE #103
City-St-Zip: FT MYERS, FL 33908

Title: PD () Delete
Name: BROOKS, PEGGY
Address: 39556 VILLAGE RUN DR
City-St-Zip: NORTHVILLE, MI 48167

Title: VPD () Delete
Name: CRAWFORD, SALLY
Address: 16740 PARTRIDGE PLACE RD #101
City-St-Zip: FT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID HENRICH

TRES

03/13/2009

Electronic Signature of Signing Officer or Director

Date