

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90053 028 ****61.25

DOCUMENT # 756236

1. Entity Name
PROMENADES WEST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**3006 CARING WAY
PORT CHARLOTTE, FL 33952**

Mailing Address
**3006 CARING WAY
PORT CHARLOTTE, FL 33952**

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

04042008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2149242

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WOTITZKY, EDWARD L
990 WEST MARION ST
PUNTA GORDA, FL 33950**

7. Name and Address of New Registered Agent

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 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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SHELT, CHARLES L	
STREET ADDRESS	616 PROMENADES WEST	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PENNINGTON, DAVID	
STREET ADDRESS	3006 CARING WAY 432	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEILMAN, DENNIS	
STREET ADDRESS	540 CORONADO DR	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MANZO, ROCCO	
STREET ADDRESS	329 PROMENADES WEST	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, ARTHUR	
STREET ADDRESS	3006 CARING WAY 603	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HORSLEY, JOHN	
STREET ADDRESS	3006 CARING WAY 514	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Western, Philip	
STREET ADDRESS	3006 Caring Way 306	
CITY-ST-ZIP	Port Charlotte, FL 33952	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shelt, Charles	
STREET ADDRESS	3006 Caring Way 616	
CITY-ST-ZIP	Port Charlotte, FL 33952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davis, Arthur	
STREET ADDRESS	3006 Caring Way 603	
CITY-ST-ZIP	Port Charlotte, FL 33952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Day

Daytime Phone #

4/9/08 (941) 627-0192

ATTACHMENT

40065773

756236

Additional Directors for Promenades West Condo Assn., Inc. Document 756236

D

Dombai, Karoly

3006 Caring Way 223

Port Charlotte, FL 33952

D

Murray, Vernon

3006 Caring Way 412

Port Charlotte, FL 33952