## 2006 NOT-FOR-PROFIT CORPORATION

## Feb 28, 2006 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT #758973** 02-28-2006 90017 029 \*\*\*\*61.25 PROMENADES EAST CONDOMINIUM ASSOCIATION. Principal Place of Business Mailing Address 50000570 21405 OLEAN BLVD 21405 OLEAN BLVD PORT CHARLOTTE, FL 33952 PORT CHARLOTTE, FL. 33952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02242006 Cha-NP CR2E037 (11/05) City & State City & State 4. FEI Number Applied For 59-2307129 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WASHBURN, JUDY 21405 OLEAN BLVD Street Address (P.O. Box Number is Not Acceptable) PORT CHARLOTTE, FL 33952 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 9. Election Campaign Financing Make check payable to \$5.00 May Be П Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE □ Delete TITLE ☐ Change COLLINS, MARGARET NAME 21405 OLEAN BLVD #612 STREET ADORESS STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33952 CITY-ST-7IP TITLE **VD** ☐ Delete Change ☐ Addition Diana, Salvatore SALVATORE, DIANE NAME STREET ADDRESS 21405 OLEAN BLVD #519 STREET ADDRESS PORT CHARLOTTE, FL 33952 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change **FX** Addition Boudreau, Joseph Mark MILLER, BETTY LOU NAME NAME 21405 Olean Blud # 523 STREET ADDRESS 21405 OLEAN BLVD #226 STREET ATORESS CITY-ST-ZIP PORT CHARLOTTE, FL 33952 CITY-ST-7IP Pt.Charlotte, FL 33952 Director Schinkel, Irwin 21405 Olean Blud#420 TITLE SD Delete MLE Addition ☐ Change NAME **BROSLAT, ARTHUR** MALE STREET ADDRESS 21405 OLEAN BLVD #206 STREET ADDRESS CITY-ST-7IP PORT CHARLOTTE, FL 33952 CITY-ST-ZIP Pt.Charlotte.FL 33952 TITLE ☐ Delete TITLE Secretary **Change** ☐ Addition DEPASQUALE, GERALDINE NAME NAME STREET ADDRESS 21405 OLEAN BLVD #405 STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33952 CITY-ST-ZIP Assistant Secretary, Direct Michange TETLE

FILED

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.

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

2124106 941-627-6880 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

ALLEN, ROBERT

21016 ALPINE AVE

PORT CHARLOTTE, FL 33952

STREET ADDRESS

CITY-ST-ZIP