

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760010

FILED
Apr 03, 2012
Secretary of State

Entity Name: SHARONDALE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

187 FOREST LAKES BLVD.
NAPLES, FL 34105 US

New Principal Place of Business:

1035 COLLIER CENTER WAY
7
NAPLES, FL 34110 US

Current Mailing Address:

GUARDIAN PROPERTY MGMT
6704 LONE OAK BLVD
NAPLES, FL 34119 US

New Mailing Address:

1035 COLLIER CENTER WAY
7
NAPLES, FL 34110 US

FEI Number: 59-2353098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUARDIAN PROPERTY MANAGEMENT
6704 LONE OAK BLVD
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

ADVANCED PROPERTY MANAGEMENT
1035 COLLIER CENTER WAY
7
NAPLES, FL 34110 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: SUSAN THOMPSON

04/03/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MULREADY, CAROL
Address: 122 CYPRESS WAY E. #C-4
City-St-Zip: NAPLES, FL 34110

Title: S
Name: BECKER, JASON
Address: 114 CYPRESS WAY E, #D-5
City-St-Zip: NAPLES, FL 34110

Title: VP
Name: HANLON, JEFFREY
Address: 116 CYPRESS WAY E #G-2
City-St-Zip: NAPLES, FL 34110

Title: T
Name: JONES, JODI
Address: 110 CYPRESS WAY E. F-6
City-St-Zip: NAPLES, FL 34110

Title: D
Name: MULVEY, JOHN
Address: 122 CYPRESS WAY #, C-1
City-St-Zip: NAPLES, FL 34110

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: MINDI RADUNZ

CAM

04/03/2012

Electronic Signature of Signing Officer or Director

Date