

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90035 016 ****61.25

DOCUMENT # 760199

1. Entity Name
THREE STAGS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1432 MEDITERRANEAN DR., #2A
PUNTA GORDA, FL 33950**

Mailing Address
**1432 MEDITERRANEAN DR., #2A
PUNTA GORDA, FL 33950**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
50-0007585

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IPEKCI, CIVAN
1432 MEDITERRANEAN DR., #2A
PUNTA GORDA, FL 33950**

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 after reinstatement)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
PD	IPEKCI, CIVAN	1432 MEDITERRANEAN DR., #2A	PUNTA GORDA, FL 33950	☐
D	IRWIN, JAMES B SR.	900 WEST MARION AVE.	PUNTA GORDA, FL 33950	☐
D	OTOOLE, KATHLEEN	900 W. MARION AVE	PUNTA GORDA, FL 33950	☐
				☐
				☐
				☐

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition
				☐
				☐
				☐
				☐
				☐
				☐

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

Date

Daytime Phone #

Civan Ipekci January-20-06 941-575 8823