

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

**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**



01122008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**50-0007585**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \$81.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000831605  
02/27/08-80026-002 61.25

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME IPEKCI, CIVAN  
STREET ADDRESS 1432 MEDITERRANEAN DR., #2A  
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE D  
NAME IRWIN, JAMES B SR.  
STREET ADDRESS 900 WEST MARION AVE.  
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE D  
NAME O'TOOLE, KATHLEEN  
STREET ADDRESS 900 W. MARION AVE  
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 #