

**2007 NOT-FOR-PROFIT CORPORATION,
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # 764941

1. Entity Name
NIBLICK PINES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1407 SW 16TH TERR.
CAPE CORAL, FL 33991**

Mailing Address
**18100 MORNING STAR LN.
CAPE CORAL, FL 33993**



04252007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0251079

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SYLVIA, JUDITH A
18100 MORNING STAR LANE
CAPE CORAL, FL 33993**

**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 \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRANDE, ROBIN
STREET ADDRESS	1407 SW 16TH TERR #102
CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	VP
NAME	PIOTROWSKI, JOAN
STREET ADDRESS	1407 SW 16TH TERRACE, # 201
CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	STD
NAME	SYLVIA, JUDITH A
STREET ADDRESS	18100 MORNING STAR LN.
CITY-ST-ZIP	CAPE CORAL, FL 33993
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/14/07-80010-010 61.25

**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 #

JUDITH A. SYLVIA 4/25/07 239-980-0026