Apr 14, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G50541

1. Corporation FIDDLER	'S GREEN CONDOMINIUM	is, inc	•								
Principal Place	of Business	Mai	ling Address	-					ED MARKE ATINC ALAMI LIMI AT	######################################	(B)B() B(B)((BB)
6800 PLACIDA F	RD.		PLACIDA RD.				l				
ENGLEWOOD FL 34224 ENGLEWOOD FL 34224			4224				De	O NOT WRITE IN T	HIS SPACE		
							i	3. Date Incorporated			
							l	07/20/1983			
2. Principal Pl	ace of Business	2a.	Mailing Addres	38	_			4, FEI Number	<u></u>		Applied For
21		26						59-2320489			lot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, e	itc.	٠			5. Certificate of Status	s Desired		Additional
22		27						G. Continuate of Caster			Required
City & State	•	28	City & State					Election Campaigr Trust Fund Contrib			May Be to Fees
Zip	Country		Zip		Country	_		8. This corporation of	wes the current year	r Intangible	
24	25	29		30				Personal Property		Yes	⊠No
	9. Name and Address of Curren	nt Regist	ered Agent					10. Name and Addre	ss of New Register	red Agent	
0046	or papert w				81	Nam	9				ţ
	de, robert W. • Placida road				82	Stree	t Addres	ss (P.O. Box Number is	Not Acceptable)		
	LEWOOD FL 34224										
· ENGI	LEWOOD FL 34224				83						{
											Code
					84	City				21 85 Zir	Code
			7 1500 FL 11		1 1) 1	4	tion aubmits this state		- 1 _	ì
11. Pursuant to	to the provisions of Sections 607.050	02 and 60	7.1508, Florida a. Such change	a Statutes, t	1 1) 1	d corpor	ration submits this state 's board of directors. I h		- 1 _	ì
11. Pursuant to office or reagent. I ar	to the provisions of Sections 607.050 egistered agent, py both, in the State m familiar with, and accept the object	02 and 60 of Florida itions of,	7.1508, Florida a. Suck change Section 607.05	a Statutes, t e was autho 505 Elorida	1 1) 1	d corpor poration	ration submits this state o's board of directors. I h		- 1 _	ì
SIGNATURE	1 (sober V	Y(/)	JAN		he above orized by Statutes	e-name the cor	B			e of changing is oppointment as	ì
SIGNATURE	to the provisions of Sections 607.050 agistered agent, proboth, in the State of familiar with, and accept the obligation of the obligation of the state of the obligation of the state of the obligation of the state	ent and title if	applicable.		he above orized by Statutes	e-name the cor	B	ration submits this state n's board of directors. I h when reinstating) ADDITIONS/CHAN	ment for the purposi hereby accept the ap	e of changing in oppointment as	ts registered registered
SIGNATURE	Signature, typed or printed flame of registered age	ent and title if	applicable.	(NOTE: Regi	he above rized by Statutes	e-name the cor	B	when reinstating)	ment for the purposi nereby accept the ap	e of changing in oppointment as	ts registered registered
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SIGNATURE 12. TITLE	Signatule, typed or printed flame of registered age OFFICERS AN	ent and title if	applicable.	(NOTE: Regi	the above prized by Statutes stared Agent 13.	e-name the con	e required v	when reinstating)	ment for the purposi nereby accept the ap	e of changing is appointment as	ts registered registered
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

UJIR Robert W. Spade

Daytime Phone #