



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # G50541 1. Entity Name FIDDLER'S GREEN CONDOMINIUMS, INC.	
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Principal Place of Business POB 5337 ENGLEWOOD, FL 34224-5337	Mailing Address POB 5337 ENGLEWOOD, FL 34224-5337
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DO NOT WRITE IN THIS SPACE

	
01142008 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-2320489	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

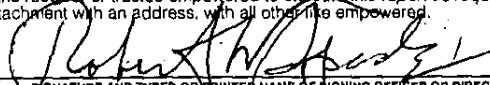
6. Name and Address of Current Registered Agent SPADE, ROBERT W. 6800 PLACIDA ROAD ENGLEWOOD, FL 34224	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPADE, ROBERT W. POB 5337 ENGLEWOOD, FL 342245337
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAIS, KELLY E. 90 SPYGLASS ALLEY CAPE HAZE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPADE, DAVID A. POB 5337 ENGLEWOOD, FL 342245337
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000840675 03/07/08-80001-019 150.00</p> 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 607, 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: 	2/27/08 941-698-4111 <small>Date Daytime Phone #</small>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	