

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L69551

**FILED**  
**Feb 21, 2012**  
**Secretary of State**

**Entity Name:** CONDO SERVICES OF SW FL, INC.

**Current Principal Place of Business:**

10491 MARION ST  
ENGLEWOOD, FL 34224 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1102  
OSPREY, FL 34229 US

**New Mailing Address:**

**FEI Number:** 59-3011459

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALTER, GARRY D  
10491 MARION STREET  
ENGLEWOOD, FL 34224 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** WALTER, GARRY D.  
**Address:** 10491 MARION ST  
**City-St-Zip:** ENGLEWOOD, FL 34224

**Title:** VP  
**Name:** WALTER, CINDY A  
**Address:** 10491 MARION ST  
**City-St-Zip:** ENGLEWOOD, FL 34224

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** CINDY WALTER

VP

02/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date