


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000000180 1. Entity Name G & W PARK CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 13260 PAULSON DR PORT CHARLOTTE, FL 33954	Mailing Address 13260 PAULSON DR UNIT 2-3-4 PORT CHARLOTTE, FL 33954
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DO NOT WRITE IN THIS SPACE



04012005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1115337	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOYCE, THOMAS
18260 PAULSON DRIVE
UNIT 2-3-4
PORT CHARLOTTE, FL 33948

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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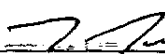
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GORMAN, MELISSA A POST OFFICE BOX 2282 PORT CHARLOTTE, FL 33945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WOLFF, CHERYL J 18260 PAULSON DRIVE UNIT C PORT CHARLOTTE, FL 33949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOYCE, THOMAS 18260 PAULSON DRIVE UNIT D-1 PORT CHARLOTTE, FL 33949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/16/05-80011-002 61.25

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12. 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 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: 4/16/05 Daytime Phone #: 941-855-5624