## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00848

FILED Apr 26, 2005 Secretary of State

Entity Nam	1e: ARDISSON	IE CONDOMINIUM ASSOCIA	TION, INC.	•	
Current Principal Place of Business:		New Principal Place	of Business:		
4400 GULF NAPLES, F	SHORE BLVD. L 34103 US				
Current Mailing Address:		New Mailing Addres	s:		
4400 GULF NAPLES, F	SHORE BLVD. L 34103 US				
FEI Number:	59-2358376	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
FALK, STE 850 PARK ( NAPLES, F	SHORE DRIVE L 34103 US				
850 PARK S NAPLES, F	L 34103 US	bmits this statement for the pu	urpose of changing its registere	d office or registered agent, or both,	
850 PARK S NAPLES, F The above i	L 34103 US named entity su of Florida.	bmits this statement for the pu	urpose of changing its registere	ed office or registered agent, or both,	
850 PARK S NAPLES, F The above in the State	L 34103 US named entity su of Florida.	bmits this statement for the pu Signature of Registered Age		od office or registered agent, or both,  Date	
850 PARK S NAPLES, F The above in the State SIGNATUR	L 34103 US named entity su of Florida.	Signature of Registered Age	nt		
850 PARK S NAPLES, F The above in the State SIGNATUR	L 34103 US  named entity su of Florida.  E:  Electronic	Signature of Registered Age ORS: elete E BLVD NO #605	nt	Date	
850 PARKS NAPLES, F The above in the State SIGNATUR OFFICERS Title: Name: Address:	L 34103 US  named entity su of Florida.  E: Electronic  AND DIRECTO  D () D  HEDBERG, PAUL 4400 GULFSHOR	Signature of Registered Age DRS: elete E BLVD NO #605 03 elete RT E BLVD N	nt  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLE J ARMSTRONG T 04/26/2005