

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005074

FILED  
May 01, 2005  
Secretary of State

**Entity Name:** GUILFORD ARMS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5960 SONOMA LN  
NAPLES, FL 34103

**New Principal Place of Business:**

5960 SONOMA LN  
NAPLES, FL 34119

**Current Mailing Address:**

5960 SONOMA LN  
NAPLES, FL 34103

**New Mailing Address:**

5960 SONOMA LN  
NAPLES, FL 34119

**FEI Number:** 58-2640962      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

QUISTBERG, CAROLYN  
5960 SONOMA LN  
NAPLES, FL 34119      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: PSD      ( ) Delete  
Name: CVJIC, ZARKO  
Address: 156 BEACH 144TH  
City-St-Zip: ROCKAWAY PARK, NY 11694

Title: VD      ( ) Delete  
Name: CVJIC, JOANNE  
Address: 156 BEACH 144TH  
City-St-Zip: ROCKAWAY PARK, NY 11694

Title: TD      ( ) Delete  
Name: CVJIC, NADA  
Address: 156 BEACH 144TH  
City-St-Zip: ROCKAWAY PARK, NY 11694

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD      (X) Change ( ) Addition  
Name: QUISTBERG, CAROLYN  
Address: 5960 SONOMA LANE  
City-St-Zip: NAPLES, FL 34119

Title: VD      (X) Change ( ) Addition  
Name: QUISTBERG, CAROLYN  
Address: 5960 SONOMA LANE  
City-St-Zip: NAPLES, FL 34119

Title: TD      (X) Change ( ) Addition  
Name: QUISTBERG, CAROLYN  
Address: 5960 SONOMA LANE  
City-St-Zip: NAPLES, FL 34119

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: CAROLYN QUISTBERG

PSD

05/01/2005

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

\_\_\_\_\_  
Date