

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000005074**

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



Principal Place of Business

**5960 SONOMA LN  
NAPLES, FL 34119**

Mailing Address

**5960 SONOMA LN  
NAPLES, FL 34119**



01052006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-2640962**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**QUISTBERG, CAROLYN  
5960 SONOMA LN  
NAPLES, FL 34119**

**DO NOT WRITE  
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

*Carolyn Quistberg*

(NOTE: Registered Agent signature required when reinstating)

**2/23/06**  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
QUISTBERG, CAROLYN  
5960 SONOMA LANE  
NAPLES, FL 34119**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
QUISTBERG, CAROLYN  
5960 SONOMA LANE  
NAPLES, FL 34119**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
QUISTBERG, CAROLYN  
5960 SONOMA LANE  
NAPLES, FL 34119**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11000004516335  
03/16/06 00025-013 70.00

**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 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-

*Carolyn Quistberg*