


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000005074</b> 1. Entity Name <b>GUILFORD ARMS CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>5960 SONOMA LN NAPLES, FL 34119</b>	Mailing Address <b>5960 SONOMA LN NAPLES, FL 34119</b>
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04112007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>58-2640962</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000706768 04/24/07-80048-006 70.00</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>PSD</b>	<b>QUISTBERG, CAROLYN</b>
NAME	
STREET ADDRESS	<b>5960 SONOMA LANE</b>
CITY-ST-ZIP	<b>NAPLES, FL 34119</b>
TITLE <b>VD</b>	<b>QUISTBERG, CAROLYN</b>
NAME	
STREET ADDRESS	<b>5960 SONOMA LANE</b>
CITY-ST-ZIP	<b>NAPLES, FL 34119</b>
TITLE <b>TD</b>	<b>QUISTBERG, CAROLYN</b>
NAME	
STREET ADDRESS	<b>5960 SONOMA LANE</b>
CITY-ST-ZIP	<b>NAPLES, FL 34119</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Carolyn Quistberg 4/10/07 239-353-8585  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #