

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
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



04012008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
58-2640962

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000885910
04/18/08-80031-021 70.00

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 Carolyn Quistberg 4/5/08 239-353-8585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #