

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90258 046 ****61.25

DOCUMENT # N02000000065 1. Entity Name PARK EAST OFFICE CONDOMINIUM ASSOCIATION, INC.																													
Principal Place of Business 4001 TAMIAMI TRAIL NORTH SUITE 300 NAPLES, FL 34113			Mailing Address 4001 TAMIAMI TRAIL NORTH SUITE 300 NAPLES, FL 34113																										
2. Principal Place of Business 12709 Tamiami TR. E.		3. Mailing Address 12709 Tamiami TR. E.																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State Naples, FL		City & State Naples FL		4. FEI Number 20-0606850																									
Zip 34113		Country USA		Applied For Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent TOMPKINS, KEITH 4001 TAMIAMI TRAIL NORTH SUITE 300 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name: Collector Association Management Street Address (P.O. Box Number is Not Acceptable) 12709 Tamiami Trail East City: Naples FL Zip Code: 34113																										
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: 4/30/06 <small>Signature, typed or printed name of registered agent and title (applicable). (NOTE: Registered Agent signature required when reappointing) DATE</small>																													
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
Make check payable to Florida Department of State																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">PSD</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>O'GARA, JAMES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12709 TAMIAMI TRAIL E.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34113</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PSD	<input type="checkbox"/> Delete	NAME	O'GARA, JAMES		STREET ADDRESS	12709 TAMIAMI TRAIL E.		CITY-ST-ZIP	NAPLES, FL 34113		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 reports 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: 4/30/06 239 7931643 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													