
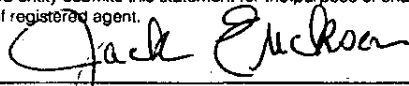
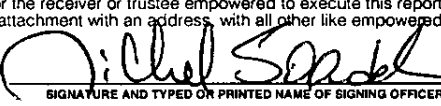


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90307 010 ****61.25

DOCUMENT # N02000007393 1. Entity Name MONTELENA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 75 VINEYARDS BLVD #500 NAPLES, FL 34119			Mailing Address 75 VINEYARDS BLVD #500 NAPLES, FL 34119		
2. Principal Place of Business 75 Vineyards Boulevard		3. Mailing Address 75 Vineyards Boulevard			
Suite, Apt. #, etc. 3rd Floor		Suite, Apt. #, etc. 3rd Floor			
City & State Naples, FL		City & State Naples, FL			
Zip 34119	Country	Zip 34119	Country	03282005 Chg-NP CR2E037 (10/03)	
4. FEI Number NOT APPLICABLE				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 ROGERS, ROBERT 75 VINEYARDS BLVD #500 NAPLES, FL 34119			7. Name and Address of New Registered Agent Name Property Management Professionals Street Address (P.O. Box Number is Not Acceptable) 75 Vineyards Boulevard 3rd Floor City Naples, FL Zip Code 34119		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. Jack Erickson </div> <div style="width: 20%; text-align: right;"> 4/06/05 DATE </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2005		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SAADEH, MICHEL 75 VINEYARDS BLVD. #500 NAPLES, FL 34119 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P James Adkins 6125 Montelena Circle #4103 Naples, FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD ROGERS, ROBERT 75 VINEYARDS BLVD. #500 NAPLES, FL 34119 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Harrold Matthews 6135 Montelena Circle #3102 Naples, FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PROCACCI, MICHAEL 75 VINEYARDS BLVD. #500 NAPLES, FL 34119 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Michael Fulk 6120 Montelena Circle #2203 Naples, FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Argie Economou 6125 Montelena Circle #4102 Naples, FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Anthony Guiliano 6130 Montelena Circle #1101 Naples, FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/06/05 Date		(239) 353-1992 Daytime Phone #