

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90194 018 ****61.25

DOCUMENT # N02000007393

1. Entity Name
MONTELENA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**75 VINEYARDS BLVD
3RD FLOOR
NAPLES, FL 34119**

Mailing Address
**75 VINEYARDS BLVD
3RD FLOOR
NAPLES, FL 34119**

40066000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062006 Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PROPERTY MGMT PROFESSIONALS
75 VINEYARDS BLVD
3RD FLOOR
NAPLES, FL 34119**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

James R. Brown

4-12-06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME **P ADKINS, JAMES**
STREET ADDRESS **6125 MONTELENA CIRCLE, #4103**
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE ☐ Change ☒ Addition
NAME **P ARMDEN SMITH**
STREET ADDRESS **6145 MONTELENA CIRCK #5102**
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE ☒ Delete
NAME **V MATTHEWS, HARROLD**
STREET ADDRESS **6125 MONTELENA CIRCLE, # 3102**
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE ☐ Change ☒ Addition
NAME **VP DENNIS DOWD**
STREET ADDRESS **6135 MONTELENA CIRCK # 3101**
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE ☒ Delete
NAME **S FULK, MICHAEL**
STREET ADDRESS **6125 MONTELENA CIRCLE, # 2203**
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE ☐ Change ☒ Addition
NAME **ROGER PHILLIPS**
STREET ADDRESS **6125 MONTELENA CIRCK # 4101**
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE ☒ Delete
NAME **T ECONOMOU, ARGIE**
STREET ADDRESS **6125 MONTELENA CIRCLE, # 4102**
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE ☐ Change ☒ Addition
NAME **MICHAEL FULK**
STREET ADDRESS **6120 MONTELENA CIRCK # 2203**
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE ☒ Delete
NAME **D GUILIANO, ANTHONY**
STREET ADDRESS **6130 MONTELENA CIRCLE, # 1101**
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE ☐ Change ☒ Addition
NAME **Kathy Hogue**
STREET ADDRESS **6105 MONTELENA CIRCK # 6101**
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-06

Date

239-530-5326

Daytime Phone #