

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # N02060

1. Entity Name
440 PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**% ROBERT C. SCHERER
440 PALMETTO CT #4
VENICE, FL 34285**

Mailing Address

**% ROBERT C. SCHERER
440 PALMETTO CT #4
VENICE, FL 34285**



01032005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2575795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHERER, ROBERT C
440 PALMETTO CT
#4
VENICE, FL 34285**

**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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	MULLER, LEROY
STREET ADDRESS	11 CAROLDON RD
CITY- ST- ZIP	MIDDLETOWN, CT
TITLE	PD
NAME	WARD, DOROTHY
STREET ADDRESS	440 PALMETTO CT #2
CITY- ST- ZIP	VENICE, FL
TITLE	STD
NAME	SCHERER, ROBERT
STREET ADDRESS	440 PALMETTO CT #4
CITY- ST- ZIP	VENICE, FL 34285
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000173703
01/07/05-80029-010 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Robert C. Scherer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/03/04
Date

941-484-7611
Daytime Phone #