

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 12, 2006 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



01042006 No Chg-NP CR2E037 (11/05)

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

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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, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000384511
01/17/06-80016-006 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MULLER, LEROY
11 CAROLDON RD
MIDDLETOWN, CT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WARD, DOROTHY
440 PALMETTO CT #2
VENICE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
SCHERER, ROBERT
440 PALMETTO CT #4
VENICE, FL 34285

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Robert C. Scherer Robert C. Scherer

01/06/06

(941) 484-7611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #