


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N02246		
1. Entity Name PRESIDENTIAL PLACE ASSOCIATION, INC.		
Principal Place of Business 6249 PRESIDENTIAL CT. FT. MYERS, FL 33919	Mailing Address 6249 PRESIDENTIAL CT. SUITE B FORT MYERS, FL 33919	



01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2420041	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 HUMFLEET, DAWN 6249 PRESIDENTIAL COURT SUITE C FORT MYERS, FL 33919

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000934370
02/23/08-80050-019 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT LEDWARD, JEFFREY C. 6249-B PRESIDENTIAL CT FT MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MILLER, JANICE 6249 A PRESIDENTIAL CT. FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DICKERSON, DAVID 6249 E. PRESIDENTIAL CT. FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HUMFLEET, DAWN 6249 PRESIDENTIAL CAT #C FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/08