
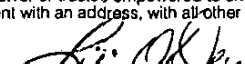


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90155 031 ****70.00

DOCUMENT # N03000002529					
1. Entity Name MONTREUX AT FIDDLER'S CREEK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3200 TAMiami TRAIL NORTH STE 200 NAPLES, FL 34103			Mailing Address 3200 TAMiami TRAIL NORTH STE 200 NAPLES, FL 34103		
2. Principal Place of Business 5067 TAMiami TRAIL E.		3. Mailing Address 5067 TAMiami TRAIL E.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State NAPLES, FL		City & State NAPLES, FL		4. FEI Number 55-0823696	
Zip 34113		Country COLLIER		Applied For Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOODWARD, MARK J 3200 TAMiami TRAIL NORTH STE 200 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name: CARTER, PAUL S. Street Address (P.O. Box Number is Not Acceptable): C/O CARDINAL MANAGEMENT GROUP 5067 TAMiami TRAIL E. City: NAPLES FL Zip Code: 34113		
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;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> (NOTE: Registered Agent signature required when reinstating) </div> <div style="width: 30%; text-align: right;"> DATE 4-13-05 </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 PD	NAME PARISI, JOSEPH L	<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 3470 CLUB CENTER BOULEVARD			NAME LEN VALEO		
CITY-ST-ZIP NAPLES, FL 34114			STREET ADDRESS 3710 MONTREUX LN #103		
			CITY-ST-ZIP NAPLES, FL 34114		
TITLE VSD	NAME BRATEN, STEVEN R	<input checked="" type="checkbox"/> Delete	TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 3470 CLUB CENTER BOULEVARD			NAME BILLY O'DAY		
CITY-ST-ZIP NAPLES, FL 34114			STREET ADDRESS 3710 MONTREUX LN #104		
			CITY-ST-ZIP NAPLES, FL 34114		
TITLE TD	NAME KIRSTEIN, THOMAS	<input checked="" type="checkbox"/> Delete	TITLE SECY/TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 3470 CLUB CENTER BOULEVARD			NAME DONNA MATTHEWS		
CITY-ST-ZIP NAPLES, FL 34114			STREET ADDRESS 3720 MONTREUX LN #104		
			CITY-ST-ZIP NAPLES, FL 34114		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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: 			Date: 4-13-05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					