## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N03000009663



## FILED Apr 19, 2006 8:00 am Secretary of State

1. Entity Nam FIDDLER			04-19-2006 9	00083 004 ***	**61.25		
6800 PLACIDA RD. 6800		Mailing Address 6800 PLACIDA RD. ENGLEWOOD, FL 34224	800 PLACIDA RD.		фПЛлэлыл		
Principal Place of Business     3. Mail		3. Mailing Address	lailing Address				<b>u a</b> li <b>uu</b> kliit <b>u</b> , at 1881
Suite, Apt. #, etc. Sui		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03242006 Chg-NP	CR2E037 (1	1/05)
City & State C		City & State	City & State		4. FEI Number 20-0380135		Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired		<b>75</b> Additional Required
	6. Name and Address of Current Re	egistered Agent			7. Name and Address of New F	Registered Agent	t
HANEWINCKEL, DEAN				Marborside Rear Estate, Inc.			
6800 PLAC	CIDA RD.		Street Address (P.O. Bo 3285-A		P.O. Box Number is Not Acceptable  5-A Placida Road	d d	
ENGLEWOOD, FL 34224 4							
	·		City	Eng	lewood		Zip Code 3 4 2 2 4
	named entity submits this statement for thing of registered agent.	he purpose of changing its re	egistered office or		ed agent, or both, in the State of Fl	orida. I am Iamili	
	SILA KI VI	1)			U	LINIAL	
SIGNATURE .	Signature, lyped or printed name of registered agent and		rk W. Sho			/10/06	
SIGNATURE	Signature, lyped or printed name of registered agent and Filling Fee is \$61.25 Due by May 1, 2006		Registered Agent signatu Daign Financing	re required	when reinstating) \$5.00 May Be	DATE  Lake check payrida Departmen	gotto, con control sevices persecutive activities
SIGNATURE	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	Registered Agent signatu Daign Financing	ne required	when reinstating) \$5.00 May Be	DATE Take check pay rida Departmen	11 of State ORS IN 10
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12. I hereby certify that the information supplied with this filling 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 it 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 attackment with an address, with all other like empowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

**SIGNATURE:** 

TITLE

STREET ADDRESS

CITY-ST-ZIP

Delete

941-828-0106

☐ Change

Addition