

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005586

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** FIELDHOUSE CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4725 RADIO ROAD  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

4725 RADIO ROAD  
NAPLES, FL 34104

**New Mailing Address:**

**FEI Number:** 20-1301599

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHWEIKHARDT, KATHERINE A  
900 SIXTH AVENUE SOUTH  
SUITE 203  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: FIELDHOUSE, DONALD  
Address: 1535 DOLPHIN LANE  
City-St-Zip: NAPLES, FL 34102

Title: VD ( ) Delete  
Name: FIELDHOUSE, KATHRYN  
Address: 1535 DOLPHIN LANE  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD FIELDHOUSE

PSD

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date