

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90185 003 ****61.25

DOCUMENT # N04000007494

1. Entity Name
**AUTO SPA/STEAK 'N SHAKE LAND CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**2640 GOLDEN GATE PARKWAY
SUITE 115
NAPLES, FL 34105**

Mailing Address
**2640 GOLDEN GATE PARKWAY
SUITE 115
NAPLES, FL 34105**

50044968



2. Principal Place of Business
2630 Pine Ridge Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182005 Chg-NP CR2E037 (10/03)

City & State
Naples, FL

City & State

4. FEI Number
20-2384388

Applied For
Not Applicable

Zip
34109

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CONROY, J. THOMAS
2640 GOLDEN GATE PARKWAY
SUITE 115
NAPLES, FL 34105**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **TSCHETTER, RONALD A**
STREET ADDRESS **2630 PINE RIDGE ROAD**
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE **D** ☐ Delete
NAME **TSCHETTER, JOHN P**
STREET ADDRESS **2630 PINE RIDGE ROAD**
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE **D** ☐ Delete
NAME **RICE, THOMAS C**
STREET ADDRESS **2630 PINE RIDGE ROAD**
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE **D** ☐ Delete
NAME **SIWICKI, DONALD**
STREET ADDRESS **2630 PINE RIDGE ROAD**
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RONALD A. TSCHETTER

4/25/05 406-268-3022