


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05422</b> 1. Entity Name OLDE TOWNE PLACE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 741 10TH STREET SOUTH APT D NAPLES, FL 34102	Mailing Address 741 10TH STREET SOUTH APT D NAPLES, FL 34102
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**DO NOT WRITE IN THIS SPACE**



01222005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2492397	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  PERELMAN, RUVEN 741 10TH STREET SOUTH APT D NAPLES, FL 34102	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	U00000270588 03/21/05-80013-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERELMAN, RUVEN 741 10TH ST., SOUTH, #D NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUGERA, WILLIAM 741 10TH ST S #E NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NAU, MICHAEL 741 10TH ST., SOUTH NAPLES, FL 34102
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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 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: <u>Ruven Perelman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>March 17 '05</u>	Daytime Phone #: <u>939-2621792</u>
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RUVEN PERELMAN, PRES.