


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90221 032 ****61.25

DOCUMENT # N06000012658					
1. Entity Name THE STRADA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4200 GULF SHORE BOULEVARD NORTH NAPLES, FL 34103			Mailing Address 4200 GULF SHORE BOULEVARD NORTH NAPLES, FL 34103		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		City	
6. Name and Address of Current Registered Agent CATALANO, ANTHONY J 4001 TAMiami TRAIL NORTH SUITE 250 NAPLES, FL 34103				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing 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 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: _____			_____ Vice President		
_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/18/2007 (239) 261-6100 <small>Date Daytime Phone #</small>		

40084093



04182007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-8861355 Applied For Not Applicable

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

FL

Zip Code

(NOTE: Registered Agent signature required when reinstating)

DATE

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

Howard B. Gutman
Vice President

4/18/2007 (239) 261-6100

Date Daytime Phone #