


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90026 021 ****61.25

DOCUMENT # N08741 1. Entity Name METRO PARK WEST CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 4406 EXCHANGE AVE #139 NAPLES, FL 33942	Mailing Address 4406 EXCHANGE AVE #139 NAPLES, FL 33942
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2588549	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CURTIS, MARK
2164 SANTA BARBARA BLVD.
NAPLES, FL 33999**

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILTBERGER, JON 4406 EXCHANGE DRIVE, BLDG. #139 NAPLES, FL 34104
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUBY, MARK 4406 EXCHANGE AVE BLDG 140 NAPLES, FL 34104
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COAR, DON 4406 EXCHANGE AVE #139 NAPLES, FL 34104
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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: Donna B Coar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/05 239-643-5511
Date Daytime Phone #