

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N08741

1. Entity Name
**METRO PARK WEST CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business

**4406 EXCHANGE AVE
#139
NAPLES, FL 33942**

Mailing Address

**4406 EXCHANGE AVE
#139
NAPLES, FL 33942**



01192006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2588549

Applied For
Not Applicable

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

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

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILTBERGER, JON
STREET ADDRESS 4406 EXCHANGE DRIVE, BLDG. #139
CITY-ST-ZIP NAPLES, FL 34104

TITLE VPD
NAME RUBY, MARK
STREET ADDRESS 4406 EXCHANGE AVE BLDG 140
CITY-ST-ZIP NAPLES, FL 34104

TITLE STD
NAME COAR, DON
STREET ADDRESS 4406 EXCHANGE AVE #139
CITY-ST-ZIP NAPLES, FL 34104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000399589
02/01/06-80017-024 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Donald B Coar* **DONALD B COAR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/06 **1/19/06** *239-643-1511*
Date Daytime Phone #