

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.	
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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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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 <input type="checkbox"/>	\$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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD WILTBERGER, JON 4406 EXCHANGE DRIVE, BLDG. #139 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUBY, MARK 4406 EXCHANGE AVE BLDG 140 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COAR, DON 4406 EXCHANGE AVE #139 NAPLES, FL 34104
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 02/01/06-80017-024 61.25

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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: Donald B Coar **DONALD B COAR** 1/19/06 239-643-1511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #