

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90105 027 ****61.25

DOCUMENT # N08741

1. Entity Name

METRO PARK WEST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4406 EXCHANGE AVE
#139
NAPLES FL 33942

4406 EXCHANGE AVE
#139
NAPLES FL 33942



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

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

CURTIS, MARK *C P A*
2280 ~~2184~~ SANTA BARBARA BLVD. # B
NAPLES FL ~~33950~~
34116

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Delete

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☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

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CITY ST ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Jon Wiltberger* *Jon Wiltberger V.P.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/07
Date

239-643-4988
Daytime Phone #