

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10121

FILED
Mar 02, 2009
Secretary of State

Entity Name: WINKLER PLACE PROFESSIONAL OFFICE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

WINKLER PLACE PROFESSIONAL
6700 WINKLER ROAD
FORT MYERS, FL 33919

New Principal Place of Business:

4489 WINDJAMMER LANE
FORT MYERS, FL 33919

Current Mailing Address:

BRAID ASSOCIATION MANAGEMENT
4489 WINDJAMMER LANE
FT. MYERS, FL 33919

New Mailing Address:

4489 WINDJAMMER LANE
FORT MYERS, FL 33919

FEI Number: 59-2639647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAID ASSOCIATION MANAGEMENT
4489 WINDJAMMER LANE
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MINTZ, ROBERT
Address: 14220 ROYAL HARBOUR CT #510
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: CRAIG, MAYER
Address: 5695 GRILLET PL. SW
City-St-Zip: FORT MYERS, FL 33919

Title: VPD () Delete
Name: DAVIS JR, ROBERT
Address: 6777 N. WRINLER RD. #3
City-St-Zip: FORT MYERS, FL 33919

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DAVIS, ROBERT JR
Address: 6700 WINKLER RD., #3
City-St-Zip: FORT MYERS, FL 33919

Title: STD (X) Change () Addition
Name: MAYER, CRAIG DR
Address: 5695 GRILLET PL. SW
City-St-Zip: FORT MYERS, FL 33919

Title: D (X) Change () Addition
Name: GRIFFITHS, DARLA
Address: 6700 WINKLER RD., #1
City-St-Zip: FORT MYERS, FL 33919

Title: D () Change (X) Addition
Name: SITKINS, ROGER
Address: 3661 CENTRAL AVENUE
City-St-Zip: FORT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT DAVIS, JR

P

03/02/2009

Electronic Signature of Signing Officer or Director

Date