

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000011754

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** GARDEN TERRACE OF OLDE NAPLES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

12333 UNIVERSITY AVE  
CLIVE, IA 50325

**New Principal Place of Business:**

5435 JAEGER ROAD #4  
NAPLES, FL 34109

**Current Mailing Address:**

12333 UNIVERSITY AVE  
CLIVE, IA 50325

**New Mailing Address:**

5435 JAEGER ROAD #4  
NAPLES, FL 34109

**FEI Number:** 45-4807645

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONROY, KRISTIN M  
2210 VANDERBILT BEACH ROAD STE 1201  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

NEWELL, WILLIAM A  
5435 JAEGER ROAD #4  
NAPLES, FL 34109 US

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: WILLIAM A NEWELL, AGENT

04/11/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GRANT, CHRIS  
Address: 380 6TH STREET SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: TD  
Name: FRANCIS, PATRICK  
Address: 378 6TH STREET SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: SD  
Name: WEAVER, TIM  
Address: 378 6TH STREET SOUTH  
City-St-Zip: NAPLES, FL 34102

I hereby 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 all other like empowered.

SIGNATURE: CHRIS GRANT

PD

04/11/2012

Electronic Signature of Signing Officer or Director

Date