

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90028 030 ****61.25

DOCUMENT # N11651

1. Entity Name

WALDORF CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

3377 GULF SHORE BLVD., NORTH
NAPLES FL 34103

Mailing Address

3377 GULF SHORE BLVD., NORTH
NAPLES FL 34103

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 (10/07)

4. FEI Number

59-2640986

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

MENZIES, ROBERT G., ESQ.
% ROETZEL & ANDRESS
3003 TAMiami TRAIL NORTH STE 270
NAPLES FL 34103

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 ☐ Delete
NAME VD
STREET ADDRESS KOREST, ALAN
CITY-ST-ZIP 3377 GULF SHORE BLVD., N-1C
NAPLES FL

TITLE ☒ Delete
NAME DP
STREET ADDRESS BLOUNT, DAN
CITY-ST-ZIP 3377 GULF SHORE BOULEVARD NORTH, #7A
NAPLES FL

TITLE ☒ Delete
NAME DS
STREET ADDRESS BARNETT, MICHELE
CITY-ST-ZIP 3377 GULF SHORE BLVD. NORTH N-5C
NAPLES FL 34103

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
NAME Susan Garrabrant
STREET ADDRESS 3377 Gulf Shore Blvd N. Apt 7c
CITY-ST-ZIP Naples, Florida 34103

TITLE ☐ Change ☒ Addition
NAME Thomas J. Moore
STREET ADDRESS 5143 Bittersweet Lane
CITY-ST-ZIP Oshkosh, WI 54901

TITLE ☐ Change ☒ Addition
NAME RICHARD L. KLAS
STREET ADDRESS 3377 Gulfshore Blvd N.
CITY-ST-ZIP Naples FL 34103

TITLE ☐ Change ☒ Addition
NAME MICHAEL J. McGLYNN
STREET ADDRESS 3377 GULF SHORE BLVD NO 4-C
CITY-ST-ZIP NAPLES, FL 34103

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 3, 2008 434-0003