

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90021 036 ****61.25

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07212006 Chg-NP CR2E037 (4/06)

DOCUMENT # N29147 1. Entity Name THE ST. CHARLES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 545 - 11TH AVE SO NAPLES, FL 34102-7142 US				Mailing Address 545 - 11TH AVE SO NAPLES, FL 34102-7142 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0331845	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ASSET PROPERTY MANAGEMENT & SERVICES, LLC 10661 AIRPORT PULLING RD, SUITE 15 NAPLES, FL 34109				7. Name and Address of New Registered Agent Name MOORE PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 745 12TH AVE. SOUTH # AA City NAPLES FL Zip Code 34102	
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 <u>John McGushin, MEMBER</u> <u>7/20/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLONOWSKI, MARK		NAME		
STREET ADDRESS	537 11 AVE S		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLARKIN, THOMAS		NAME		
STREET ADDRESS	544 10TH AVE S		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALCONI, JOHN		NAME		
STREET ADDRESS	539 11TH AVE S		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	P WALSH, THOMAS	
STREET ADDRESS			STREET ADDRESS	545 11TH AVE. S.	
CITY-ST-ZIP			CITY-ST-ZIP	NAPLES, FL 34102	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	VP FOX, CAROL	
STREET ADDRESS			STREET ADDRESS	540 10TH AVE. SOUTH	
CITY-ST-ZIP			CITY-ST-ZIP	NAPLES 34102	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	ST LIGHTCAP, PATRICIA	
STREET ADDRESS			STREET ADDRESS	537 11TH AVE. S.	
CITY-ST-ZIP			CITY-ST-ZIP	NAPLES 34102	
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: <u>Thomas Walsh</u> <u>7/21/2006</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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129147
Division of Corporations

Annual Report

Please review the filing for accuracy and the fee to file. If you need to make corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again. The filing information will be updated exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed cancelled or refunded.

Document Number	N29147
Business Entity Name	THE ST. CHARLES CONDOMINIUM ASSOCIATION, INC.
FEI Number	650331845
FEI Number Status	
Certificate of Status Desired	Yes
Election Campaign Financing Trust Fund Contribution	No

Principal Place of Business

Address	545 11TH AVE SOUTH
Suite, Apt. #, etc.	
City, State	NAPLES, FL
Zip Code & Country	341027142 US

Mailing Address

Address	545 11TH AVE. SOUTH
Suite, Apt. #, etc.	
City, State	NAPLES, FL
Zip Code & Country	341027142 US

Name and Address of Registered Agent

RA Business Name	MOORE PROPERTY MANAGEMENT
Address	745 12TH AVE. SOUTH
Suite, Apt. #, etc.	AA
City, State	NAPLES, FL
Zip Code & Country	341027142 US
Registered Agent Signature	THOMAS J. WALSH

Officer/Director Name and Address

Title	P
Name (Last, First, Middle, Title)	WALSH, THOMAS , J. PRES.
Street Address	545 11TH AVENUE SOUTH
City, State	NAPLES, FL
Zip Code & Country	341027142 US

Title	VP
Name (Last, First, Middle, Title)	FOX, CAROL , VP
Street Address	540 10TH AVE SOUTH
City, State	NAPLES, FL
Zip Code & Country	341027142 US

Title	S/T
Name (Last, First, Middle, Title)	LIGHTCAP, PATRICIA , SEC/TR
Street Address	537 11TH AVE S
City, State	NAPLES, FL
Zip Code & Country	341027142 US

Title	PRES
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