

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31490

FILED
Mar 31, 2009
Secretary of State

Entity Name: TRA-VIGNE' CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1044 CASTELLO DR
SUITE 206
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

1044 CASTELLO DR
SUITE 206
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 65-0137291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MGMT., INC.
1044 CASTELLO DR., #206
NAPLES, FL 34103 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: S () Delete
Name: BULTMAN, LYLE
Address: 180 VIA PERIGNON PLACE
City-St-Zip: NAPLES, FL 34119

Title: T () Delete
Name: LINN, NICK
Address: 205 VIA PERIGNON
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: SPRIO, STAN
Address: 271 VIA PERIGNON
City-St-Zip: NAPLES, FL 34119

Title: PD () Delete
Name: FELL, KIMBERLY
Address: 292 PERIGNON PLACE
City-St-Zip: NAPLES, FL 34119

Title: VP () Delete
Name: STEBBINS, ROLAND
Address: 269 PERIGNON PLACE
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GERSHKOFF, ROBERT
Address: 214 VIA PERIGNON
City-St-Zip: NAPLES, FL 34119

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KIMBERLY FELL

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date