

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31490

FILED  
Mar 06, 2012  
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: D  
Name: SULLIVAN, BILL  
Address: 222 VIA PERIGNON  
City-St-Zip: NAPLES, FL 34119

Title: ST  
Name: LINN, NICK  
Address: 205 VIA PERIGNON  
City-St-Zip: NAPLES, FL 34119

Title: D  
Name: HENNINGSEN, CHARLES  
Address: 220 VIA PERIGNON  
City-St-Zip: NAPLES, FL 34119

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

Title: D  
Name: SCHAAL, HAL  
Address: 186 VIA PERIGNON  
City-St-Zip: NAPLES, FL 34119

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: KIMBERLY FELL

P

03/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date