FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

ADDINICTON VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address 265 AIRPORT RD.SO C/O R.P. PROPERTY MANS NAPLES FL 33942 265 AIRPORT RD SO US NAPLES FL 34104-3518										
US		US				3. Date Incorporated or Qualified 3a. Date of Le 03/12/1990 04/29		te of Last R 04/29/19		
2. Principal Place of Business 2a. Mailing Acc 21 26			ddress			4. FEI Number 65-0231839	Applied For Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Sta	le	City & State	City & State					\$5.00 Added	May Be to Fees	
Zip 24	Country 25	Zíp 29	30 Cou	intry		This corporation has liability for i Florida Statutes	ntangible] Yes [. 199.032,	
	9. Name and Address of C	urrent Registered Agent				10. Name and Address of New Re	gistered .	Agent		
265 AIRPORT RD. SO 1100 5TH AVE SOUTH / STE - 201 NAPLES FL 33942			tutos the si	83 84	City	Populing a shorts this eleternest for the o	FL	1	Code	
		State of Florida. Such change wa obligations of, Section 617.0503,	is authorize Florida Stat	d by tutes	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	the app	ointment as	registered	
SIGNATURE	Signature, typed or printed name of register	red agent and title if applicable (N	NOTE: Registere	d Age	nt signature requ	red when reinstating)	DATE			
12.	OFFICER	S AND DIRECTORS	13,			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	IS IN 12	
TITLE	DT	☐ DELETE	1.1 %	TLE				Change Change	Addition	
NAME	WERSCHEY, ROBERT E.			1.2 NAME						
STREET ADDRESS	LOT I EDOCE DE IOI ONIOLE I TILL			1.3 STREET ADDRESS						
CITY - ST - ZIP				1.4 CITY-ST-ZIP				T-1 -:		
TITLE			J.	2.1 TITLE				Change	Addition	
NAMÉ	ROBERT MALONE			2.2 NAME						
STREET ADDRESS	EGO (CDOCK DOLL ONLY 100			2.3 STREET ADDRESS						
City-St-ZiP	NAPLES FL	DELETE	2. 4 C		ST - ZIP			☐ Change	Addition	
TITLE	PD COTTILADE DODERT	F" DETERE	1		}			Criarige	Adullibin	
NAME STREET ADDRESS	SOTTILARE, ROBERT		3.2 N		ADDRESS					

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplements annual 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 ment with an address

3.4. CITY - ST- ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CHTY-ST-ZIP

STREET ADDRESS

CITY - \$1 - 7IP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

MERRICK NY

RAY SMITH

NAPLES FL

179 GALE AVE.

MERIDEN CT

SADLOWSKI, VINCENT

232 PEBBLE BCH CINDLE E 101

VD

DELETE

DELETE

DELETE

Change

Change

Change

Addition

Addition

Addition

FILED

Apr 30 1997 8:00am

Secretary of State

Daytime Phone # 0069097