


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90086 009 ****61.25

DOCUMENT # N41540 1. Entity Name THE CLARIDGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7515 PELICAN BAY BOULEVARD NAPLES, FL 34108 US			Mailing Address 7515 PELICAN BAY BOULEVARD NAPLES, FL 34108 US		
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	4. FEI Number 65-0487980	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FALK, STEVEN M ESQ C/O ROETZEL E ADDRESS 850 PARK SHORE DR, THIRD FLOOR NAPLES, FL 34103			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	DS	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, NOREEN		NAME	Becker, Alvin	
STREET ADDRESS	7515 PELICAN BAY BLVD 14-C		STREET ADDRESS	7515 Pelican Bay Blvd. 9-C	
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP	Naples, FL. 34108	
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, ROBERT		NAME		
STREET ADDRESS	7515 PELICAN BAY BLVD SUITE 22D		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROFF, KEN		NAME	Kenney, Walter	
STREET ADDRESS	7515 PELICAN BAY BLVD. SUITE 8D		STREET ADDRESS	7515 Pelican Bay Blvd. 15-A	
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP	Naples, FL. 34108	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRECK, JOHN		NAME		
STREET ADDRESS	7515 PELICAN BAY BLVD, #15 D		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHER, TOM		NAME		
STREET ADDRESS	7515 PELICAN BAY BLVD STE 17B		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, SHERRI		NAME		
STREET ADDRESS	7515 PELICAN BAY BLVD, #10 C		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
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>Walter Kenney - Pres.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date	Daytime Phone #