

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

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

<b>DOCUMENT # N41540</b>					
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.		03212007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 65-0487980	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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 <b>FL</b> Zip Code		
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>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MURRAY, NOREEN 7515 PELICAN BAY BLVD 14-C NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Becker, Alvin 7515 Pelican Bay Blvd. 9-C Naples, FL. 34108	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BECKER, ROBERT 7515 PELICAN BAY BLVD SUITE 22D NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GROFF, KEN 7515 PELICAN BAY BLVD. SUITE 8D NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kennedy, Walter 7515 Pelican Bay Blvd. 15-A Naples, FL. 34108	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BRECK, JOHN 7515 PELICAN BAY BLVD, #15 D NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D MAHER, TOM 7515 PELICAN BAY BLVD STE 17B NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, SHERRI 7515 PELICAN BAY BLVD, #10 C NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Kennedy - Pres.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date Daytime Phone #</small>	