


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 A
Secretary of State

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
--	--

DO NOT WRITE IN THIS SPACE



02222008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0487980	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FALK, STEVEN M ESQ C/O ROETZEL E ANDRESS 850 PARK SHORE DR, THIRD FLOOR NAPLES, FL 34103
--

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000876085 04/11/08-80059-013 61.25
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS BECKER, ALVIN 7515 PELICAN BAY BLVD. 9-C NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT BECKER, ROBERT 7515 PELICAN BAY BLVD SUITE 22D NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P KENNEY, WALTER 7515 PELICAN BAY BLVD, 15-A NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BRECK, JOHN 7515 PELICAN BAY BLVD, #15 D NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MAHER, TOM 7515 PELICAN BAY BLVD STE 17B NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D YOUNG, SHERRI 7515 PELICAN BAY BLVD, #10 C NAPLES, FL 34108

DO NOT WRITE IN THIS SPACE

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: Robert H Becker TREAS. 4/1/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #