

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90175 007 ****61.25

DOCUMENT # N97000001156

1. Entity Name
**THE STRAND MASTER PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**5672 STRAND BLVD
SUITE 1
NAPLES, FL 34110**

Mailing Address
**5672 STRAND BLVD
SUITE 1
NAPLES, FL 34110**

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

03192007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-3473780

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COFFMAN, ERIC ESQ
CHEFFY PASSIDOMO WILDON & JOHNSON
8215 5TH AVE S, SUITE 201
NAPLES, FL 34102**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **D** ☐ Delete
NAME **STROM, JERRY**
STREET ADDRESS **5977 ASHFORD LANE**
CITY-STATE-ZIP **NAPLES, FL 34110**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **VF** ☐ Delete
NAME **DEFEQ, ANTHONY**
STREET ADDRESS **5799 PERSIMMON WAY**
CITY-STATE-ZIP **NAPLES, FL 34110**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **D** ☒ Delete
NAME **DWYER, RICHARD**
STREET ADDRESS **5953 ASHFORD LANE**
CITY-STATE-ZIP **NAPLES, FL 34110**

TITLE **P** ☐ Change ☒ Addition
NAME **HEDGES, KENNETH**
STREET ADDRESS **6035 PINNACLE LANE # 702**
CITY-STATE-ZIP **NAPLES, FL 34110**

TITLE **P** ☒ Delete
NAME **DIGANGI, ALAN**
STREET ADDRESS **5864 MARBLE COURT**
CITY-STATE-ZIP **NAPLES, FL 34110**

TITLE **T** ☐ Change ☒ Addition
NAME **GARDINER, HELEN**
STREET ADDRESS **5848 PARADISE CIRCLE**
CITY-STATE-ZIP **NAPLES, FL 34110**

TITLE **S** ☐ Delete
NAME **TUOHY, JAMES**
STREET ADDRESS **5881 THREE IRON DR #903**
CITY-STATE-ZIP **NAPLES, FL 34110**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH W. HEDGES

254-8262

3-22-07

Date

Daytime Phone #