

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001955

FILED  
Jan 23, 2009  
Secretary of State

Entity Name: PARTRIDGE POINTE CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

3940 RADIO RD.  
#111  
NAPLES, FL 34104 US

## New Principal Place of Business:

## Current Mailing Address:

3940 RADIO RD  
#111  
NAPLES, FL 34104 US

## New Mailing Address:

3940 RADIO RD.  
#111  
NAPLES, FL 34104 US

FEI Number: 65-0716522

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HINGSTON, SHIRLEY  
C/O ANCHOR ASSOCIATES, INC.  
3940 RADIO RD #111  
NAPLES, FL 34104 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MULCAHEY, TIM  
Address: 1125 PARTRIDE LN # 102  
City-St-Zip: NAPLES, FL 34104

Title: VPD ( ) Delete  
Name: AMMECCOPANE, DENISE  
Address: 1095 PARTRIDGE CIR #102  
City-St-Zip: NAPLES, FL 34104

Title: DTS ( ) Delete  
Name: GIZYNSKI, JOHN  
Address: 1070 PARTRIDGE CIR #101  
City-St-Zip: NAPLES, FL 34104

Title: PD ( ) Delete  
Name: ZALAR, FRANK  
Address: 1085 PARTRIDGE CIR #102  
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete  
Name: COOK, HARRY  
Address: 1070 PARTFIDGE CIRCLE  
City-St-Zip: NAPLES, FL 34104

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BRYLINSKI, PAULETTE  
Address: 1135 PARTRIDE CIR # 102  
City-St-Zip: NAPLES, FL 34104

Title: VPD (X) Change ( ) Addition  
Name: AMMACCAPANE, DENISE  
Address: 1095 PARTRIDGE CIR #102  
City-St-Zip: NAPLES, FL 34104

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK ZALAR

DP

01/23/2009

Electronic Signature of Signing Officer or Director

Date