2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001955

FILED Mar 31, 2011 Secretary of State

Entity Name: PARTRIDGE POINTE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6736 LONE OAK BLVD NAPLES, FL 34109 US

Current Mailing Address: New Mailing Address:

C/O ABILITY MANAGEMENT, INC 6736 LONE OAK BLVD NAPLES, FL 34109 US

FEI Number: 65-0716522 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109 US
LIVELY, DENNIS F
C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109 US

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: DENNIS F LIVELY 03/31/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: S

 Name:
 BRYLINSKI, PAULETTE

 Address:
 1135 PARTRIDE CIR # 102

 City-St-Zip:
 NAPLES, FL 34104

Title: F

Name: AMMACCAPANE, DENISE
Address: 1095 PARTRIDGE CIR #102
City-St-Zip: NAPLES, FL 34104

Title: T

Name: GIZYNSKI, JOHN

Address: 1070 PARTRIDGE CIR #101 City-St-Zip: NAPLES, FL 34104

Title: VP

Name: ZALAR, FRANK

Address: 1085 PARTRIDGE CIR #102 City-St-Zip: NAPLES, FL 34104

Title:

Name: MINOTTI, MICHAEL

Address: 1010 PARTFIDGE CIRCLE #202

City-St-Zip: NAPLES, FL 34104

I hereby 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 all other like empowered.

SIGNATURE: DENNIS F LIVELY RA 03/31/2011