

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000003259					
1. Entity Name TERRACES OF OLDE NAPLES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2335 9TH ST. N. STE. 505 NAPLES, FL 34103			Mailing Address 2335 9TH ST. N. STE. 505 NAPLES, FL 34103 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 35-1948985	
Zip		Country		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			
GULF VIEW PROPERTY MGMT., INC. 2335 TAMiami TR. N. SUITE 505 NAPLES, FL 34103		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 of person or persons of registered agent and the (add name) (NOTE: Registered Agent's signature required when installing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY- ST- ZIP	SD FEIX, IRMGARD 611 10TH STREET S. NAPLES, FL 34102	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD KLING, PAUL 975 6TH SOUTH #A1 NAPLES, FL 34102	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD MCCUSKER, ROBERT 615 10TH AVE. S. C2 NAPLES, FL 34102	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete			
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: _____		4/4/08 2394037991			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					