

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000004719

1. Entity Name
**SUNTIDE ON TENTH CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business

**651 10TH AVE. S.
NAPLES, FL 34102 US**

Mailing Address

**C/O FRITZ PROPERTY MGMT.
1622 TRIANGLE PALM TERRACE
NAPLES, FL 34119-3397 US**



04252006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2361962

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FRITZ, ROBERT
C/O FRITZ PROPERTY MGMT.
1622 TRIANGLE PALM TERRACE
NAPLES, FL 34119-3397**

**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000561287
05/19/06-80027-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PHEASANT, LORI
STREET ADDRESS	651 10TH AVE. SOUTH
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	DT
NAME	MALONE, TESSA
STREET ADDRESS	2605 ESTRELLA CT.
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	DS
NAME	AHRENS, BRITTA
STREET ADDRESS	ROTHENBAUM CHAUSSE 26
CITY-ST-ZIP	HAMBURG, GERMANY, 20148
TITLE	DVP
NAME	BRAWARD, SPENCER
STREET ADDRESS	673 107TH AVE. S
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06

Date

239 289 5726

Daytime Phone #