

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90040 002 ****61.25

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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**



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

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3482331

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

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

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 reinstating)

DATE

FILE NOW: 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

TITLE ☐ Delete
NAME **DP PHEASANT, LORI**
STREET ADDRESS **651 10TH AVE. SOUTH**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Delete
NAME **DT MALONE, TESSA**
STREET ADDRESS **2605 ESTRELLA CT.**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☐ Delete
NAME **DS AHRENS, BRITTA**
STREET ADDRESS **ROTHENBAUM CHAUSSE 26**
CITY-ST-ZIP **HAMBURG, GERMANY 20148**

TITLE ☒ Delete
NAME **DVP BRAWARD, SPENCER**
STREET ADDRESS **673 107TH AVE. S**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **1**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **D PHEASANT, LORI**
STREET ADDRESS **651 10TH AVE. S.**
CITY-ST-ZIP **NAPLES, FL 34102**

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

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

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

TITLE ☐ Change ☒ Addition
NAME **DP FROMMELT, JEFF**
STREET ADDRESS **671 107TH AVE. S.**
CITY-ST-ZIP **NAPLES, FL 34102**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

**3/8/08 239-262
2573**