

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90139 018 ****61.25

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1. Entity Name
BROADVIEW VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1155 FOURTH STREET SOUTH
NAPLES, FL 34102**

Mailing Address
**800 SEAGATE DR
#202
NAPLES, FL 34103**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3519982

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THOMPSON, STUART A
4501 TAMiami TRAIL NORTH
SUITE 400
NAPLES, FL 34103**

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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 **D** ☐ Delete
NAME **BARLOW, JIM**
STREET ADDRESS **505 GENERAL JOHN PAYNE BLVD.**
CITY-ST-ZIP **GEORGETOWN, KY 40324**

TITLE **STD** ☐ Delete
NAME **DOWLING, BERNADETTE**
STREET ADDRESS **1140 6TH STREET SOUTH**
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **VPD** ☐ Delete
NAME **KNOWLES, PETER**
STREET ADDRESS **1130 6TH STREET SOUTH**
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **PD** ☐ Delete
NAME **TURNER, DIANE**
STREET ADDRESS **1124 6TH STREET SOUTH**
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **D** ☐ Delete
NAME **BUISKER, RAY**
STREET ADDRESS **2845 MAPLEWOOD CT**
CITY-ST-ZIP **MADISON, WI 53711**

TITLE **D** ☒ Delete
NAME **ZAVADA, DANIEL**
STREET ADDRESS **250 ARBOR SPRINGS PLANTATION DR**
CITY-ST-ZIP **NEWNAN, GA 30265**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ 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 **D** ☐ Change ☒ Addition
NAME **SCHMIDT, ANNA**
STREET ADDRESS **1118 6TH STREET SOUTH**
CITY-ST-ZIP **NAPLES, FL 34102**

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

04/03/06

Date

239-430-6808

Daytime Phone #