

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002125

FILED
Feb 25, 2009
Secretary of State

Entity Name: BROADVIEW VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1155 FOURTH STREET SOUTH
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

800 SEAGATE DR
#202
NAPLES, FL 34103

New Mailing Address:

FEI Number: 59-3519982 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: BARLOW, JIM
Address: 505 GENERAL JOHN PAYNE BLVD.
City-St-Zip: GEORGETOWN, KY 40324

Title: VPD () Delete
Name: DOWLING, BERNADETTE
Address: 1140 6TH STREET SOUTH
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: CHIEFFO, ANTHONY SR.
Address: 1035 VIRGINIA DRIVE, SUITE 202
City-St-Zip: FORT WASHINGTON, PA 19034

Title: PD () Delete
Name: TURNER, DIANE
Address: 1124 6TH STREET SOUTH
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: BUISKER, RAY
Address: 2845 MAPLEWOOD CT
City-St-Zip: MADISON, WI 53711

Title: D () Delete
Name: SWINBURN, PETER
Address: 1150 6TH STREET SOUTH
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUSAN M. LONGSTRETH, ACCOUNTANT

ACCT

02/25/2009

Electronic Signature of Signing Officer or Director

Date