2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000003108



FILED Apr 19, 2005 8:00 am Secretary of State

04-19-2005 90399 019 ****61.25

	OAD EXECUTIVE WA	REHOUSE (CONDOMINI	им 🥫)				
1044 CASTELLO DRIVE SUITE 206 104		ing Address 44 CASTELLO DRIVE SUITE 206 PLES, FL 34103			50039032					
2. Principal Place of Business 3. Mai			iling Address							
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			03242005 C	hg-NP	CR2E037	(10/03)	
City & State			City & State			4. FEI Number 59-356679	FEI Number Applied For 59-3566792 Not Applied			
Zip	Country	Ziç)	Country	,	5. Certificate of S	tatus Desired	_ \$	8.75 Add ee Require	litional d
6. Name and Address of Current Registe			ed Agent			7. Name and Address of New Registered Agent				
SOUTHWEST PROPERTY MANAGEMENT CORP. 1044 CASTELLO DRIVE SUITE 206 NAPLES, FL 34103					Name Street Address (P.O. Box Number is Not Acceptable)					
				-	City			FL	Zip Code	9
the obligat	Signature, typed or printed name of register Filling Fee Is \$61.25 Due by May 1, 2005	ed agent and title if app	9. Election Ca		ncing	ed when reinstating) \$5.00 May Be Added to Fees		DATE lake check rida Departr		
10.	OFFICERS A	ND DIRECTORS		11.		ADDITIONS/CHANG	ES TO OFFICE	RS AND DIR	ECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SELUGA, HARRY 7747 NAPLES HERITAGE NAPLES, FL 34112		_ Delete	TITLE NAME STREET AI	- 1	ADDITIONS/CITATION	ics to office		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SWEENEY, PAUL 4776 RADIO RD. #201 NAPLES, FL 34104		☐ Defete	TITLE NAME STREET AI CITY-ST-	DORESS				☐ Change	Addition
TITLE NAME STREET ADDRESS. CITY-ST-ZIP	S WILLIAMS, STEVE 1044 CASTELLO DR #206 NAPLES, FL 34103	_	☐ Delete	TITLE NAME STREET A CITY-ST-					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAUBER, CARL 4776 RADIO RD #506 NAPLES, FL 34104		Delete	TITLE NAME STREET A CITY-ST-	DDRESS 35) Nault, Bernard 90 Kent DR. Aples, Fl. 34112			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	VD SHARP, JAY 132 CORAL VINE DR. NAPLES, FL 34110		☐ Delete	TITLE NAME STREET A CITY-ST-	DORESS		-		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A CITY-ST-	l l				☐ Change	Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

234-261-3440