

# ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90063 028 \*\*\*\*61.25

**DOCUMENT # N98000003403**

1. Entity Name  
**MARSH LANDING TOWNHOUSE CONDOMINIUM VII ASSOCIATION, INC.**



Principal Place of Business  
**1337 EGRET'S LANDING  
 #102  
 NAPLES, FL 34108 US**

Mailing Address  
**PO BOX 112260  
 NAPLES, FL 34108 US**

40029797



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

**65-0965425**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BLANCHARD, JOHN B  
 EAGLE PROPERTY MANAGEMENT OF SW FL INC  
 1337 EGRET'S LANDING #102  
 NAPLES, FL 34108**

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, 2007**

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	PD	<input type="checkbox"/> Delete
NAME	SCHROEGER, CHRISTOPHER	
STREET ADDRESS	23068 LONE OAK DR	
CITY - ST - ZIP	ESTERO, FL 33928	
TITLE	T	<input type="checkbox"/> Delete
NAME	PURICELLI, CARL	
STREET ADDRESS	23064 LONE OAK DRIVE	
CITY - ST - ZIP	ESTERO, FL 33928	
TITLE	S	<input type="checkbox"/> Delete
NAME	PISCOWICZ, RAEALYN	
STREET ADDRESS	23066 LONE OAK DR.	
CITY - ST - ZIP	ESTERO, FL 33928	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

2. 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

**CHRISTOPHER SCHROEDER, PRESIDENT 3/1/07 239-992-7358**

Date

Daytime Phone #