

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005170

FILED
Feb 18, 2009
Secretary of State

Entity Name: PERIDOT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O NEWELL PROPERTY MANAGEMENT
5435 JAEGER ROAD #4
NAPLES, FL 34109 US

Current Mailing Address:

C/O NEWELL PROPERTY MANAGEMENT
5435 JAEGER ROAD #4
NAPLES, FL 34109 US

New Principal Place of Business:

C/O AMERICAN PROPERTY MGMT SVC, LLC
4280 TAMIAMI TRAIL EAST, SUITE 302
NAPLES, FL 34112 US

New Mailing Address:

C/O AMERICAN PROPERTY MGMT SVC, LLC
4280 TAMIAMI TRAIL EAST, SUITE 302
NAPLES, FL 34112 US

FEI Number: 65-0615894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWELL, WILLIAM A
C/O NEWELL PROPERTY MANAGEMENT
5435 JAEGER ROAD #4
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

AMERICAN PROPERTY MGMT SVC, LLC
4280 TAMIAMI TRAIL EAST
302
NAPLES, FL 34112 US

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: ORLANDO MISERANDINO

02/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MURRAY, ROBERT
Address: 9087 MICHAEL CIR. #1
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: NORDELL, EUGENE
Address: 9060 MICHAEL CIR. #2
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ROBERT MURRAY

PD

02/18/2009

Electronic Signature of Signing Officer or Director

Date