


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006 8:00 am
Secretary of State

07-03-2006 90002 045 ****61.25

DOCUMENT # N99000005775 1. Entity Name PERIWINKLE VILLAS OF FOREST GLEN NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business C/O TROPICAL ISLES MGMT 12734 KENWOOD LN, #52 FT MYERS, FL 33907			Mailing Address C/O TROPICAL ISLES MGMT 12734 KENWOOD LN, #52 FT MYERS, FL 33907		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SPIRES, JAMES W JR 12734 KENWOOD LANE SUITE 49 FORT MYERS, FL 33907				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 <u><i>Charles M Rodriguez</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>6-4-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee Is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, CHARLES 3557 PERIWINKLE WAY NAPLES, FL 34114 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASM Gil Riddell 12734 Kenwood Lane #49 FT MYERS FL 33907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAIRD, IAN 3964 PERIWINKLE WAY NAPLES, FL 34114 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, RUSS 3630 PERIWINKLE WAY NAPLES, FL 34114 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALLEMAN, JEANNE 3572 PERIWINKLE WAY NAPLES, FL 34114 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLETCHER, TOM 3657 PERIWINKLE WAY NAPLES, FL 34114 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Gil Riddell</i></u> <u>5/31/06</u> <u>279.939.2991</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					