

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90070 042 ****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 - No P.O. Box # Tropical Isles Management Suite, Apt. #, etc. 12734 Kenwood Lane #49		3. Mailing Address Suite, Apt. #, etc.			
City & State Ft. Myers, FL		City & State		4. FEI Number 65-1057642	
Zip 33907		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TROPICAL ISLES MANAGEMENT 12734 KENWOOD LANE SUITE 49 FORT MYERS, FL 33907			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing <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 PD NAME RODRIGUEZ, CHARLES STREET ADDRESS 3557 PERIWINKLE WAY CITY-ST-ZIP NAPLES, FL 34114	<input checked="" type="checkbox"/> Delete		TITLE P NAME PETE CASTELLI STREET ADDRESS 3548 PERIWINKLE WAY CITY-ST-ZIP NAPLES, FL 34114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME BAIRD, IAN STREET ADDRESS 3964 PERIWINKLE WAY CITY-ST-ZIP NAPLES, FL 34114	<input checked="" type="checkbox"/> Delete		TITLE S NAME DONNA DINSMORE STREET ADDRESS 3613 PERIWINKLE WAY CITY-ST-ZIP NAPLES, FL 34114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME MALLIARYS, SUSAN STREET ADDRESS 3569 PERIWINKLE WAY CITY-ST-ZIP NAPLES, FL 34114	<input type="checkbox"/> Delete		TITLE VIP+T NAME MICHAEL PRODDER STREET ADDRESS 3624 PERIWINKLE WAY CITY-ST-ZIP NAPLES, FL 34114	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME ALLEMAN, JEANNE STREET ADDRESS 3572 PERIWINKLE WAY CITY-ST-ZIP NAPLES, FL 34114	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME PLETCHER, TOM STREET ADDRESS 3657 PERIWINKLE WAY CITY-ST-ZIP 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:			2-12-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		