

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005775

FILED
Apr 07, 2009
Secretary of State

Entity Name: PERIWINKLE VILLAS OF FOREST GLEN NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

TROPICAL ISLES MGMT
12734 KENWOOD LN 49
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

C/O TROPICAL ISLES MGMT
12734 KENWOOD LN, #52
FT MYERS, FL 33907

New Mailing Address:

TROPICAL ISLES MGMT
12734 KENWOOD LN 49
FORT MYERS, FL 33907

FEI Number: 65-1057642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROPICAL ISLES MANAGEMENT
12734 KENWOOD LANE
SUITE 49
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CASTELLI, PETE
Address: 3548 PERIWINKLE WAY
City-St-Zip: NAPLES, FL 34114

Title: S () Delete
Name: DINSMORE, DONNA
Address: 3613 PERIWINKLE WAY
City-St-Zip: NAPLES, FL 34114

Title: S (X) Delete
Name: MALLIARYS, SUSAN
Address: 3569 PERIWINKLE WAY
City-St-Zip: NAPLES, FL 34114

Title: VPT (X) Delete
Name: PROSSER, MICHAEL
Address: 3624 PERIWINKLE WAY
City-St-Zip: NAPLES, FL 34114

Title: V (X) Delete
Name: PLETCHER, TOM
Address: 3657 PERIWINKLE WAY
City-St-Zip: NAPLES, FL 34114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: JOHNSON, RICHARD
Address: 3609 PERIWINKLE WAY
City-St-Zip: NAPLES, FL 34114

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MILISSA LINDSEY

RA

04/07/2009

Electronic Signature of Signing Officer or Director

Date