

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005775

FILED
Mar 16, 2012
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:

3548 PERIWINKLE WAY
NAPLES, FL 34114

New Mailing Address:

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
Name: CASTELLI, PETE
Address: 12734 KENWOOD LANE #49
City-St-Zip: FORT MYERS, FL 33907

Title: VP
Name: PATTERSON, DERYL
Address: 12734 KENWOOD LANE #49
City-St-Zip: FORT MYERS, FL 33907

Title: T
Name: JOHNSON, RICHARD
Address: 12734 KENWOOD LANE #49
City-St-Zip: FORT MYERS, FL 33907

Title: S
Name: THOMAS, JEWEL
Address: 12734 KENWOOD LANE #49
City-St-Zip: FORT MYERS, FL 33907

Title: D
Name: JEFFREY, BOB
Address: 12734 KENWOOD LANE #49
City-St-Zip: FORT MYERS, FL 33907

I hereby 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 all other like empowered.

SIGNATURE: BRETT RUDLAND

CAM

03/16/2012

Electronic Signature of Signing Officer or Director

Date