

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000056257					
1. Entity Name FIDDLER'S CREEK HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 3200 TAMiami TRAIL N STE 200 NAPLES, FL 34103			Mailing Address 3200 TAMiami TRAIL N STE 200 NAPLES, FL 34103		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01102005 Chg-P CR2E034 (10/03)	
4. FEI Number 04-3680185				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOODWARD, MARK J 3200 TAMiami TRAIL N STE 200 NAPLES, FL 34103			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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME DINARDO, ANTHONY		<input type="checkbox"/> Delete		
STREET ADDRESS 3470 CLUB CENTER BLVD	CITY - ST - ZIP NAPLES, FL 34114		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VD	NAME PARISI, JOSEPH L		<input type="checkbox"/> Delete		
STREET ADDRESS 3470 CLUB CENTER BLVD	CITY - ST - ZIP NAPLES, FL 34114		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SD	NAME WOODWARD, MARK J		<input type="checkbox"/> Delete		
STREET ADDRESS 3200 TAMiami TRAIL N STE 200	CITY - ST - ZIP NAPLES, FL 34103		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY - ST - ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY - ST - ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
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 exemption stated in Section 119.07(3)(f), 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 607, 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: _____			4/19/05 (231) 732-9400		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Joseph Livio Parisi			Director Date Daytime Phone #		