2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2006 8:00 am Secretary of State

DOCUMENT # P02000056280 1. Entity Name FIDDLER'S CREEK ASSOCIATION, INC.)6 901 40 043 °	***158.75		
Principal Place of Business Mailing Address			<u> </u>			10400			
3200 TAMIAMI TRAIL N STE 200 NAPLES, FL 34103		3200 TAMIAMI TRAIL N STE 200 NAPLES, FL 34103			I (TEMEN IN E	riik (1511 PSIN ASKII SGIK	I ARIET OTTE PHIR TERS IS	en gemege migen	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122006	Chg-P	CR2E034 (11/	05)		
City & State		City & State		4. FEI Number 04-3680	130		Applied For Not Applicable		
Zip	Country	Zíp	Cour	itry	5. Certificate o	f Status Desired	\$8.75 Fee Rec	Additional prired	
	6. Name and Address of Current I	Registered Agent		Name	7. Name and A	ddress of New R	egistered Agent		
WOODWARD, MARK J 3200 TAMIAMI TRAIL N STE 200 NAPLES, FL 34103				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 Signature, typed or printed name of registered agent and title If applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					55.00 May Be Added to Fees				
10.	OFFICERS AND		11.		ADDITIONS/0	HANGES TO OFF	ICERS AND DIREC		
TITLE NAME	PD DINARDO, ANTHONY	☐ Delete	TITE				☐ Cha	nge 🔲 Addition	
STREET ADDRESS CITY-ST-ZIP	3470 CLUB CENTER BLVD NAPLES, FL 34114		STR	EET ADDRESS Y-ST-ZIP					
TITLE	VD	☐ Delete	tm	I			☐ Cha	nge 🔲 Addition	
NAME STREET ADDRESS	PARISI, JOSEPH L 3470 CLUB CENTER BLVD		NA) STE	ME MEET ADORESS					
CITY-ST-ZIP	NAPLES, FL 34114			Y-ST-ZIP					
TITLE	STD	☐ Delete	īΠ	l			☐ Cha	inge 🗌 Addition	
NAME	WOODWARD, MARK J	,	NAI	ME Reet address					
STREET ADDRESS City-St-ZIP	3200 TAMIAMI TRAIL N STE 200 NAPLES, FL 34103	,		Y-ST-ZIP					
TITLE		☐ Delete	TIT	LE		<u></u>	☐ Cha	ange 🔲 Addition	
NAME			NA em	me Reet address					
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP					
TITLE		☐ Delete	TIT				Ch.	ange 🔲 Addition	
NAME				me Reet address					
STREET ADDRESS CITY-ST-ZIP				Y-\$1-ZIP					
TITLE		☐ Delete	TIT	UE .			☐ Ch	ange Addition	
NAME				ME DEET ADDRESS					
STREET ADDRESS				reet address Ty-ST-ZIP					
CITY-ST-ZIP	certify that the information supplied wit	n this filing does not qualify			ined in Chapter 119	, Florida Statutes.	I further certify that	the information	

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turner 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. Director

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR JOSEPH LIVIO PALISI

4/11/06

Date

(239) 732-9400

Daytime Phone #