


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-14-2006 90140 005 ***158.75

DOCUMENT # P02000056289					
1. Entity Name FIDDLER'S CREEK REAL PROPERTY OWNERS' 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	4. FEI Number 04-3680168	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WOODWARD, MARK J 3200 TAMIAMI TRAIL N STE 200 NAPLES, FL 34103			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, 2006 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 NAME STREET ADDRESS CITY - ST - ZIP	SD WOODWARD, MARK J 3200 TAMIAMI TRAIL N STE 200 NAPLES, FL 34103	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DINARDO, ANTHONY 3470 CLUB CENTER BLVD NAPLES, FL 34114	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PARISI, JOSEPH L 3470 CLUB CENTER BLVD NAPLES, FL 34114	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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 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: _____		Director		4/11/06	
_____ Joseph Livio Parisi		_____ Date		_____ Daytime Phone #	