

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90126 029 ***158.75

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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

11050872



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

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE STD ☒ Delete
NAME WOODWARD, MARK J
STREET ADDRESS 3200 TAMiami TRAIL N STE 200
CITY-ST-ZIP NAPLES FL 34103

TITLE SD ☒ Change ☐ Addition
NAME WOODWARD, MARK J.
STREET ADDRESS 3200 Tamiami Trail N. (#200)
CITY-ST-ZIP Naples, FL 34103

TITLE PD ☐ Delete
NAME DINARDO, ANTHONY
STREET ADDRESS 3470 CLUB CENTER BLVD
CITY-ST-ZIP NAPLES FL 34114

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME PARISI, JOSEPH L
STREET ADDRESS 3470 CLUB CENTER BLVD
CITY-ST-ZIP NAPLES FL 34114

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony DiNardo, as Director

4/28/03 (239) 732-9400

Date

Daytime Phone #

CR2E034 (10/02)