

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P02000076433 1. Entity Name FIDDLER'S CREEK LAND OWNERS' ASSOCIATION, INC.																										
Principal Place of Business 3200 TAMiami TRAIL NORTH (SUITE 200) NAPLES, FL 34103			Mailing Address 3200 TAMiami TRAIL NORTH (SUITE 200) NAPLES, FL 34103																							
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																							
City & State			City & State																							
Zip		Country		Zip																						
Country		Country		4. FEI Number 16-1620174																						
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable																						
6. Name and Address of Current Registered Agent WOODWARD, MARK J ESQ. 3200 TAMiami TRAIL NORTH (SUITE 200) NAPLES, FL 34103				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																						
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.				FL Zip Code																						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required when reinstalling)</small>																										
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																							
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DINARDO, ANTHONY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3470 CLUB CENTER BLVD.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>NAPLES, FL 34114</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>U000000341828</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>04/29/05-80030-018 158.75</td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	DINARDO, ANTHONY		STREET ADDRESS	3470 CLUB CENTER BLVD.		CITY - ST - ZIP	NAPLES, FL 34114		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	U000000341828		CITY - ST - ZIP	04/29/05-80030-018 158.75	
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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: _____ Joseph Livio Parisi Director																										
SIGNATURE AND TYPED NAME OF REGISTERED AGENT				Date 4/19/05 (239) 732-9400 Daytime Phone #																						