

Amended 2005 FOR PROFIT CORPORATION ANNUAL REPORT

05-18-2005 90024 033 ***70.00
P04000001828

FILED
05 MAY 25 PM 1:53
CLERK OF STATE
TALLAHASSEE, FLORIDA
40084968

DOCUMENT # P04000001828 1. Entity Name FIDDLER'S CREEK PROPERTIES, INC.					
Principal Place of Business 3470 CLUB CENTER BLVD NAPLES, FL 34114			Mailing Address 3470 CLUB CENTER BLVD NAPLES, FL 34114		
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 56-2424616				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 NORTH 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 \$550.00 Due by September 7, 2005		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	VPD DINARDO, ANTHONY <input checked="" type="checkbox"/> Delete 3470 CLUB CENTER BLVD NAPLES, FL 34114		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DiNardo, Anthony 3470 Club Center Boulevard Naples, FL 34114	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PARISI, JOSEPH <input checked="" type="checkbox"/> Delete 3470 CLUB CENTER BLVD NAPLES, FL 34114		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice Pres, Treas, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Parisi, Joseph L. 3470 Club Center Boulevard Naples, FL 34114	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WOODWARD, MARK J <input type="checkbox"/> Delete 3200 TAMiami TRAIL N #200 NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME 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)(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: <i>Anthony DiNardo</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			5/10/05 (239) 732-9400 Date Daytime Phone #		

Anthony DiNardo