2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# 733135

Entity Name: NAPLES MOBILE ESTATES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1044 CASTELLO DRIVE #206
NAPLES, FL 33940

New Principal Place of Business:

1044 CASTELLO DRIVE #206
NAPLES, FL 34103

Current Mailing Address:

1044 CASTELLO DRIVE #206
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-1650603 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MGMT CO
1044 CASTELLO DRIVE #206
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

SOUTHWEST PROPERTY MGMT CORP
1044 CASTELLO DRIVE #206
NAPLES, FL 34103 US

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.

SIGNATURE: STEPHEN E. WILLIAMS 04/12/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: FITZPATRICK, DIANA
Address: 841 CAPE HAZE WAY
City-St-Zip: NAPLES, FL 34104

Title: TD ( ) Delete
Name: TALVACCHIO, JOYCE
Address: 148 CAPE SABLE LANE
City-St-Zip: NAPLES, FL 34104

Title: VD ( ) Delete
Name: WATKINS, SYLVIA E
Address: 172 CAPE SABLE DRIVE
City-St-Zip: NAPLES, FL 34104

Title: PD ( ) Delete
Name: HABEL, RON
Address: 277 CAPE SABLE DRIVE
City-St-Zip: NAPLES, FL 34104

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: STADLER, DICK
Address: 137 CAPE SABLE DRIVE
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Change (X) Addition
Name: BUTLER, DAN
Address: 105 CAPE SABLE DRIVE
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON HABLE P 04/12/2006
Electronic Signature of Signing Officer or Director Date