2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# 733135

Entity Name: NAPLES MOBILE ESTATES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1044 CASTELLO DRIVE #206
NAPLES, FL 34103

New Principal Place of Business:

2360 LONGBOAT DRIVE
NAPLES, FL 34104

Current Mailing Address:

1044 CASTELLO DRIVE #206
NAPLES, FL 34103 US

New Mailing Address:

2360 LONGBOAT DRIVE
NAPLES, FL 34104 US

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 CORP
1044 CASTELLO DRIVE #206
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

BOOT, EDWARD J RA
2360 LONGBOAT DRIVE
NAPLES, FL 34104 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: EDWARD J. BOOT 04/20/2007
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: D ( ) Delete
Name: STADLER, DICK
Address: 137 CAPE SABLE DRIVE
City-St-Zip: NAPLES, FL 34104

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: SAGEN, STEPHANIE
Address: 873 CAPE HAZE LANE
City-St-Zip: NAPLES, FL 34104

Title: TD (X) Change ( ) Addition
Name: JUDY, LUNDBERG
Address: 432 CAPE FLORIDA WAY
City-St-Zip: NAPLES, FL 34104

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

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

Title: D (X) Change ( ) Addition
Name: WATSON, KEN
Address: 537 CAPE FLORIDA LANE
City-St-Zip: NAPLES, FL 34104

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

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 HABEL PRES 04/20/2007
Electronic Signature of Signing Officer or Director Date