

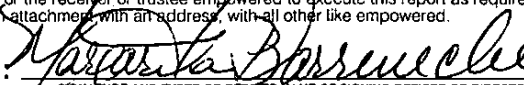


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90115 018 ****61.25

DOCUMENT # 744650					
1. Entity Name GOLF CREST OF NAPLES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4050 GOLDEN GATE PARKWAY NAPLES, FL 34116 US		Mailing Address 4050 GOLDEN GATE PARKWAY NAPLES, FL 34116 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1923809	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCCLURE, ROBERT W ESQ. 3511 BONITA BAY BLVD. BONITA SPRINGS, FL 34134			Name STERLING PROPERTY SERVICES Street Address (P.O. Box Number is Not Acceptable) 27800 OLD 41 RD City BONITA SPRINGS FL Zip Code 34135		
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 			DATE 3/7/06		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAAB, LARRY		NAME		
STREET ADDRESS	5877 ENGLISH OAKS LANE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	V PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRENECHE, MARQARITA		NAME	MARSAKITA BARRENECHE	
STREET ADDRESS	2381 6TH AVENUE NE		STREET ADDRESS	P.O. Box 990998	
CITY-ST-ZIP	NAPLES, FL 34120		CITY-ST-ZIP	NAPLES, FL, 34116	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, VIVA		NAME		
STREET ADDRESS	2314 QUEENS WAY		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	BARRENECHE, RODOLFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRENECHE, RADOLFO		NAME	TREASURER/SECRETARY	
STREET ADDRESS	2381 6TH AVENUE NE		STREET ADDRESS	P.O. Box 990998, NAPLES, FL, 34116	
CITY-ST-ZIP	NAPLES, FL 34120		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLEJAS, JOSE		NAME		
STREET ADDRESS	130 22ND AVENUE NW		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34120		CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ROSARIO NAREDO	
STREET ADDRESS			STREET ADDRESS	4050 GOLDEN GATE PARKWAY UNIT A217	
CITY-ST-ZIP			CITY-ST-ZIP	NAPLES, FLORIDA 34116	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			DATE: 3/7/06		DAYTIME PHONE #: 239 272 0515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		DAYTIME PHONE #