

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90026 007 ****61.25

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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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1923809	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STERLING PROPERTY SRVS 27800 OLD 41 RD BONITA SPRINGS, FL 34135			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 <u>Graham Homchak, Agent</u>				DATE <u>3/15/07</u>	
Filing Fee is \$61.25 Due by May 1, 2007				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	VP	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRENECHE, MARQARITA		NAME		
STREET ADDRESS	POB 990998		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34116		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRENECHE, RADOLFO		NAME		
STREET ADDRESS	POB 990998		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34116		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALLEJAS, JOSE		NAME	PATRICIA BALLARD	
STREET ADDRESS	130 22ND AVENUE NW		STREET ADDRESS	3271 17 AVENUE SW	
CITY-ST-ZIP	NAPLES, FL 34120		CITY-ST-ZIP	NAPLES, FL 34117	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAREDO, ROASRIO		NAME	ARTHUR MAHAN	
STREET ADDRESS	4050 GOLDEN GATE PKWY UNIT A217		STREET ADDRESS	4050 GOLDEN GATE PKY #C133	
CITY-ST-ZIP	NAPLES, FL 34116		CITY-ST-ZIP	NAPLES, FL 34116	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Graham Homchak, Agent, Property</u>				Date <u>3/15/07</u> (239) 947-4552	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	