

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744650

FILED
Apr 13, 2009
Secretary of State

Entity Name: GOLF CREST OF NAPLES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

27180 BAY LANDINGS DR.
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

27180 BAY LANDINGS DR.
STE 4
BONITA SPRINGS, FL 34135 US

Current Mailing Address:

27180 BAY LANDINGS DR.
BONITA SPRINGS, FL 34135 US

New Mailing Address:

27180 BAY LANDINGS DR.
STE 4
BONITA SPRINGS, FL 34135 US

FEI Number: 59-1923809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STERLING PROPERTY SRVS
27180 BAY LANDINGS DR. STE 4
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAAB, LARRY
Address: 5877 ENGLISH OAKS LANE
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: BARRENECHE, MARQARITA
Address: POB 990998
City-St-Zip: NAPLES, FL 34116

Title: VP () Delete
Name: BARRENECHE, RADOLFO
Address: POB 990998
City-St-Zip: NAPLES, FL 34116

Title: STD () Delete
Name: BALLARD, PATRICIA
Address: 3271 17 AVENUE SW
City-St-Zip: NAPLES, FL 34117

Title: D () Delete
Name: MAHAN, ARTHUR
Address: 4050 GOLDEN GATE PKY #C133
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: RAAB, LARRY
Address: 5877 ENGLISH OAKS LANE
City-St-Zip: NAPLES, FL 34119

Title: DV (X) Change () Addition
Name: LACOST, SHERMAN
Address: P.O. BOX 1307
City-St-Zip: MARCO ISLAND, FL 34146

Title: DP (X) Change () Addition
Name: BARRENECHE, RADOLFO
Address: P.O. BOX 990998
City-St-Zip: NAPLES, FL 34116

Title: D (X) Change () Addition
Name: BALLARD, PATRICIA
Address: 3271 17 AVENUE SW
City-St-Zip: NAPLES, FL 34117

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

I hereby certify that the information supplied with this filing does not qualify 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: RADOLFO BARRENECHE

DP

04/13/2009

Electronic Signature of Signing Officer or Director

Date