2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90261 023 ****61.25

DOCUMENT # N00000000464

1. Entity Name
ADDISON RESERVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1514 GLEN EAGLE BLVD NAPLES, FL 34104	1514 GLEN EAGLE BLVD NAPLES, FL 34104

03222004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Mailing Address:
C/O Southwest Property Mgmt.
1044 Castello Drive #206
Naples, FL 34103 USA

4. FEI Number
59-3671923
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C/O SOUTHWEST PROPERTY MGMT
1044 CASTELLO DRIVE #206
NAPLES, FL 34103

7. Name and Address of New Registered Agent

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 _____
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, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WILLIAMS, STEVEN 1514 GLEN EAGLE BLVD NAPLES, FL 34104	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Lighton Paul 87 Glen Eagle Drive NAPLES, FL 34104	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHNEIDERMAN, MARC 1514 GLEN EAGLE BLVD. EAST NAPLES, FL 34104	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Abruzzo Lou 264 Glen Eagle Drive NAPLES FL 34104	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD DIFIORE, CORA 3300 UNIVERSITY DR. CORAL SPRINGS, FL 33065	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD#2 Nunno Tim 124 Glen Eagle Drive NAPLES FL 34104	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Kattenbach Will 143 Glen Eagle Drive Naples, FL 34104	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MacKenzie Jerry 259 Glen Eagle Drive NAPLES, FL 34104	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D McLean Mark 108 Glen Eagle Drive NAPLES FL 34104	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Paul N. Lighton Paul Lighton 4/16/04 239-354-3691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
Document # N00000000464/
ADDISON RESERVE Homeowners Association, INC.

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT TOM 55 Glen EAGLE Circle NAPLES, FL 34104	☐ Change	☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

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as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

OR DIRECTOR | Date | Daytime Phone #