2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State
04-12-2005 90131 015 ****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	C/O SW PROPERTY MGMT. 1044 CASTELLO DR., #206 NAPLES, FL 34103

01262005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	745 12th AVE SOUTH Suite, Apt. #, etc. SUITE AA.
City & State	City & State NAPLES, FL
Zip / Country	Zip 34102 / Country 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	7. Name and Address of New Registered Agent
C/O SOUTHWEST PROPERTY MGMT 1044 CASTELLO DRIVE #206 NAPLES, FL 34103	Name MOORE PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) SUITE AA 12th AVENUE SOUTH City NAPLES **FL** Zip Code 34102

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 _____ 05.02.05.
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, 2005

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	PD LIGHTON, PAUL 87 GLEN EAGLE DR. NAPLES, FL 34104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DAVIS, ALLEN 91 GLEN EAGLE CIRCLE NAPLES, FL. 34109	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ABRUZZO, LOU 264 GLEN EAGLE DR. NAPLES, FL 34104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WRIGHT, THOMAS 55 GLEN EAGLE CIRCLE NAPLES, FL 34104	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD2 NUNNO, TIM 124 GLEN EAGLE DR. NAPLES, FL 34104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. DINDA, JOHN PO BOX 8455 NAPLES, FL. 34101	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KALTENBACH, WILL 143 GLEN EAGLE DR. NAPLES, FL 34104	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MACKENZIE, JERRY 259 GLEN EAGLE DR. NAPLES, FL 34104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCLEAN, MARK 108 GLEN EAGLE DR. NAPLES, FL 34104	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: _____ 3/28/2005 239-354-3691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #