2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# N00000000464

Entity Name: ADDISON RESERVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1514 GLEN EAGLE BLVD
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

145 12TH AVE SOUTH
SUITE AA
NAPLES, FL 34102

New Mailing Address:

FEI Number: 59-3671923 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE PROPERTY MANAGEMENT
12TH AVENUE SOUTH
SUITE AA
NAPLES, FL 34102 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: VP ( ) Delete
Name: ABRUZZO, LOU
Address: 264 GLEN EAGLE DR.
City-St-Zip: NAPLES, FL 34104

Title: VD2 ( ) Delete
Name: NUNNO, TIM
Address: 124 GLEN EAGLE DR.
City-St-Zip: NAPLES, FL 34104

Title: T ( ) Delete
Name: DAVIS, ALLEN
Address: 91 GLEN EAGLE CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: S ( ) Delete
Name: O'CONNER, MARY ELLEN
Address: 120 GLEN EAGLE CIR
City-St-Zip: NAPLES, FL 34104

Title: P ( ) Delete
Name: WRIGHT, THOMAS
Address: 55 GLEN EAGLE CIRCLE
City-St-Zip: NAPLES, FL 34104

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PRES (X) Change ( ) Addition
Name: NUNNO, TIM
Address: 124 GLEN EAGLE DR.
City-St-Zip: NAPLES, FL 34104

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

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

Title: VP (X) Change ( ) Addition
Name: KERNAN, JOHN MR.
Address: 219 GLEN EAGLE CIRCLE
City-St-Zip: NAPLES, FL 34104

Title: DIR ( ) Change (X) Addition
Name: YEGGE, MARK MR.
Address: 79 GLEN EAGLE CIRCLE
City-St-Zip: NAPLES, FL 34104

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: TIMOTHY NUNNO PRES 04/24/2007

Electronic Signature of Signing Officer or Director — Date