
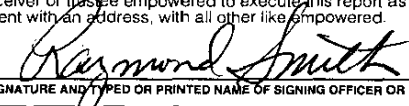


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90074 022 ****61.25

DOCUMENT # N03000007849					
1. Entity Name STRADA BELLA AT OLDE CYPRESS NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 2043 TRADE CENTER WAY NAPLES, FL 34110			Mailing Address 2043 TRADE CENTER WAY NAPLES, FL 34110		
2. Principal Place of Business 5942 Barclay Lane Suite, Apt. #, etc.		3. Mailing Address 5942 Barclay Lane Suite, Apt. #, etc.			
City & State Naples, FL		City & State Naples, FL		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
Zip 34110		Country Collier		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRABINSKI, MATTHEW L 4001 TAMiami TRAIL N #300 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <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 NAME SMITH, RAYMOND STREET ADDRESS 2043 TRADE CENTER WAY CITY-ST-ZIP NAPLES, FL 34110	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 5942 Barclay Lane CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME NEWCUMB, LESLIE STREET ADDRESS 2043 TRADE CENTER WAY CITY-ST-ZIP NAPLES, FL 34110	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 5942 Barclay Lane CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME COX, CRAIG STREET ADDRESS 2043 TRADE CENTER WAY CITY-ST-ZIP NAPLES, FL 34110	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 5942 Barclay Lane CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #