


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
17. Feb 17, 2005 8:00 am
Secretary of State

01-21-2005 90042 010 ***150.00

DOCUMENT # N04000009114					
1. Entity Name RAPALLO FOUR ASSOCIATION, INC.					
Principal Place of Business 8001 VIA RAPALLO ESTERO, FL 33928		Mailing Address 8001 VIA RAPALLO ESTERO, FL 33928			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2180578	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PASSIDOMO, KATHLEEN C 2640 GOLDEN GATE PKWY STE 305 NAPLES, FL 34105			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 re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALLACE, JAMES P		NAME		
STREET ADDRESS	8001 VIA RAPALLO		STREET ADDRESS		
CITY-ST-ZIP	ESTERO, FL 33928		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALLACE, DEBRA		NAME		
STREET ADDRESS	8001 VIA RAPALLO		STREET ADDRESS		
CITY-ST-ZIP	ESTERO, FL 33928		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DWIER, EDWARD		NAME		
STREET ADDRESS	8001 VIA RAPALLO		STREET ADDRESS		
CITY-ST-ZIP	ESTERO, FL 33928		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Edward Dwier</i>		DATE: 1/5/05		239-948-2929	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		Daytime Phone #	

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