


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90189 011 ***150.00

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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 - No P.O. Box #
8551 VIA RAPALLO

3. Mailing Address
8551 VIA RAPALLO

Suite, Apt. #, etc.

03162007 Chg-NP CR2E037 (12/06)

City & State
ESTERO FL

City & State
ESTERO FL

Zip
33928 Country
USA

Zip
33928 Country
USA

4. FEI Number
20-2180578

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PASSIDOMO, KATHLEEN C
2640 GOLDEN GATE PKWY STE 305
NAPLES, FL 34105

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2390 TAMiami TRAIL N #204

City **NAPLES** FL Zip Code **34103**

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE, JAMES P	
STREET ADDRESS	8551 VIA RAPALLO	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE, DEBRA	
STREET ADDRESS	8551 VIA RAPALLO	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE	D	<input type="checkbox"/> Delete
NAME	DWIER, EDWARD	
STREET ADDRESS	8551 VIA RAPALLO	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Ed Dwier Treasurer* **Ed DWIER** 3-16-07 239-948-2929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #