
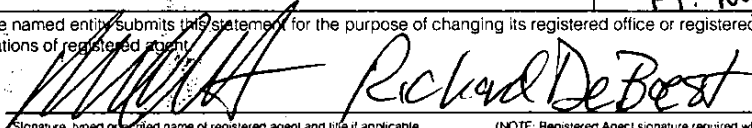
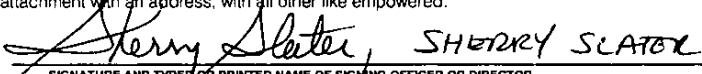


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90032 043 \*\*\*\*61.25

<b>DOCUMENT # N04000009114</b>			
1. Entity Name RAPALLO FOUR ASSOCIATION, INC.			
Principal Place of Business 8551 VIA RAPALLO ESTERO, FL 33928		Mailing Address 8551 VIA RAPALLO ESTERO, FL 33928	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01232008		Chg-NP	CR2E037 (12/06)
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 2390 TAMIAMI TRAIL N #204 NAPLES, FL 34103		Name RICHARD D. DEBEST II	
		Street Address (P.O. Box Number is Not Acceptable) <del>1115 HENRY ST.</del> 2030 McBregor Blvd	
		City FT. MYERS	
		FL	
		Zip Code 33901	
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 1/31/08	
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, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE, JAMES P 8551 VIA RAPALLO ESTERO, FL 33928 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FULTON, WILLIAM 8589 VIA GARIBALDI CIR #204 ESTERO, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE, DEBRA 8551 VIA RAPALLO ESTERO, FL 33928 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAPUTO, ANTHONY 8541 VIA GARIBALDI CIR. #101 ESTERO, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DWIER, EDWARD 8551 VIA RAPALLO ESTERO, FL 33928 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FITZPATRICK, JOHN 8581 VIA GARIBALDI CIR. #204 ESTERO, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SLATER, SHERRY CAM 26930 Nicki J Ct. Bonita Springs FL 34135 <input type="checkbox"/> Change <input checked="" 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 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: 		Date 2-4-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 239-949-3347	