2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009114

Apr 27, 2009 Secretary of State

Entity Name: RAPALLO FOUR ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 8551 VIA RAPALLO ESTERO, FL 33928 **Current Mailing Address: New Mailing Address:** 8551 VIA RAPALLO ESTERO, FL 33928 FEI Number: 20-2180578 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHIELDS, CHRISTOPHER J 1833 HENDRY STREET US FORT MYERS, FL 33901 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition FULTON, WILLIAM CAPUTO, ANTHONY Name: Name: 8589 VIA GARIBALDI CIR204 Address: 8551 VIA RAPALLO DR. Address: City-St-Zip: ESTERO, FL 33928 City-St-Zip: ESTERO, FL 33928 (X) Change () Addition Title: () Delete Title: CAPUTO, ANTHONY Name: WIENCLAW, TOM Name: Address: 8541 VIA GARIBALDI CIR 101 Address: 8551 VIA RAPALLO DR. City-St-Zip: ESTERO, FL 33928 City-St-Zip: ESTERO, FL 33928 Title: () Delete Title: (X) Change () Addition FITZPATRICK, JOHN O'REILLY, JIM Name: Name: 8581 VIA GARIBALDI CIR 204 8551 VIA RAPALLO DR. Address: Address: City-St-Zip: ESTERO, FL 33928 City-St-Zip: ESTERO, FL 33928 Title: AS () Delete Title: AS (X) Change () Addition Name: SLATER, SHERRY CAM Name: SLATER, SHERRY CAM 8551 VIA RAPALLO DR. Address: 26930 NICKI J CT Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: ESTERO, FL 33928 Title: () Delete Title: () Change (X) Addition FITZPATRICK, JOHN Name: Name: 8551 VIA RAPALLO DR. Address: Address: City-St-Zip: City-St-Zip: ESTERO, FL 33928

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: SHERRY A. SLATER, CAM **GM** 04/27/2009