

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90008 023 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

00066360



| | | | | | |
|--|--|--|--|--|--|
| DOCUMENT # N04000009595 | | | | | |
| 1. Entity Name 1835 NAPOLI LUXURY CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 2601 SOUTH BAYSHORE DRIVE SUITE 200 MIAMI, FL 33132 | | | Mailing Address 2601 SOUTH BAYSHORE DRIVE SUITE 200 MIAMI, FL 33132 | | |
| 2. Principal Place of Business 1835 Florida Club Dr. | | 3. Mailing Address 396 Alhambra Circle | | 05052006 Chg-NP CR2E037 (4/06) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. Suite 230 | | 4. FEI Number 20-1759531 | |
| City & State Naples, FL | | City & State Coral Gables, FL | | Applied For Not Applicable | |
| Zip 34112 | Country USA | Zip 33134 | Country Miami-Dade | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SHEAR, DAVID FIELDSTONE LESTER SHEAR & DENBERG, LLP 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134 | | | 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 _____ | | | | | |
| Filing Fee is \$61.25 Due by September 6, 2006 | | 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 | PD MARTINEZ, ALFRED 2601 SOUTH BAYSHORE DRIVE, SUITE 200 MIAMI, FL 33132 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Ronald Bury 23301 Copperleaf Blvd. Bonita Springs, FL 34135 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD ESTRADA, JENNIFER 2601 SOUTH BAYSHORE DRIVE, SUITE 200 MIAMI, FL 33132 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Regina Caplice 240 Parkway Dr. Westbury, NY 11590 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD CACHINERO, MICHELLE 2601 SOUTH BAYSHORE DRIVE, SUITE 200 MIAMI, FL 33132 | <input checked="" 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 |
| 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: | | | 6/14/06 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |