

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 03, 2009
Secretary of State

DOCUMENT# N05000004615

Entity Name: THE RESIDENCE I AT NAPLES BAY RESORT CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3530 KRAFT ROAD
SUITE 204
NAPLES, FL 34105**New Principal Place of Business:****Current Mailing Address:**3530 KRAFT ROAD
SUITE 204
NAPLES, FL 34105**New Mailing Address:****FEI Number:** 20-4759395**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HASTINGS, CHERYL L ESQ.
GRANT,FRIDKIN,PEARSON,ATHAN & CROWN, P.A.
5551 RIDGEWOOD DRIVE STE 401
NAPLES, FL 34102 US**Name and Address of New Registered Agent:**NOVATT, JEFF M ESQ.
821 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34104 US

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: JEFF M. NOVATT, ESQ.

08/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: FRAZITTA, ROBERT
Address: 3530 KRAFT ROAD STE 204
City-St-Zip: NAPLES, FL 34105**Title:** V () Delete
Name: DELGADO, FRANK
Address: 3530 KRAFT ROAD STE 204
City-St-Zip: NAPLES, FL 34105**Title:** T () Delete
Name: MACIVOR, THOMAS
Address: 3530 KRAFT ROAD STE 204
City-St-Zip: NAPLES, FL 34105**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT FRAZITTA

P

08/03/2009

Electronic Signature of Signing Officer or Director

Date