

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 16, 2004
Secretary of State**

DOCUMENT# N29722

Entity Name: DRIFTWOOD OF OLDE NAPLES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:
%NEWELL PROPERTY MANAGEMENT
5435 JAEGER RD. #4
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:
%NEWELL PROPERTY MANAGEMENT
5435 JAEGER RD. #4
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 65-0131751 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:
NEWELL, WILLIAM
1220 SARAH JEAN CIR.,
NAPLES, FL 34109 US

Name and Address of New Registered Agent:
NEWELL, WILLIAM
5435 JAEGER ROAD #4
NAPLES, FL 34109 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: _____ Date: 02/16/2004
Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOGGINS, GRAHAM
Address: 376 3RD ST S #101
City-St-Zip: NAPLES, FL 34102

Title: PD (X) Change () Addition
Name: HOGGINS, GRAHAM
Address: 376 3RD ST S #201
City-St-Zip: NAPLES, FL 34102

Title: VD () Delete
Name: WEST, WILLIE
Address: 376 3RD ST S 204
City-St-Zip: NAPLES, FL 34102

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD () Delete
Name: ALFIERI, JOYCE
Address: 376 3RD ST S #103
City-St-Zip: NAPLES, FL 34102

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: MCDANIEL, HOMER
Address: 376 3RD ST S #104
City-St-Zip: NAPLES, FL 34102

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD () Delete
Name: BROWN, DOROTHY
Address: 376 3RD ST S #202
City-St-Zip: NAPLES, FL 34102

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GRAHAM HOGGINS PD 02/16/2004
Electronic Signature of Signing Officer or Director Date