

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29722

FILED
Apr 15, 2010
Secretary of State

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

Current Principal Place of Business:

C/O COASTAL PROPERTY MANAGEMENT
501 GOODLETTE RD. N., STE C-200
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

C/O COASTAL PROPERTY MANAGEMENT
501 GOODLETTE RD. N., STE C-200
NAPLES, FL 34102 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:

COASTAL PROPERTY MANAGEMENT
501 GOODLETTE RD. N., STE C-200
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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:

Title: P
Name: HOGGINS, GRAHAM
Address: 65 WOODBERRY ROAD
City-St-Zip: BARRINGTON, IL 60010

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

Title: T
Name: HAMMER, RUSS
Address: 32 CLEAR VISTA DR
City-St-Zip: ASHVILLE, NC 28805

Title: D
Name: MCDANIEL, HOMER
Address: 3006 EDGEWOOD ROAD
City-St-Zip: PEPPER PIKE, OH 44124

Title: S
Name: BROWN, DOROTHY
Address: 1205 OAK KNOLL
City-St-Zip: LEXINGTON, KY 40502

I hereby 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 all other like empowered.

SIGNATURE: JOHN S GREEN

MGR

04/15/2010

Electronic Signature of Signing Officer or Director

_____ Date