

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37653

FILED
Apr 30, 2004
Secretary of State

Entity Name: NAPLES GREEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

234 PEBBLE BEACH BLVD.
NAPLES, FL 34113

New Principal Place of Business:

Current Mailing Address:

265 AIRPORT ROAD S
NAPLES, FL 34104

New Mailing Address:

FEI Number: 65-0297652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGEDORN, SANDRA L
265 AIRPORT ROAD S
NAPLES, FL 34104

Name and Address of New Registered Agent:

R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD S
NAPLES, FL 34104

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: GLENN CARROLL

04/30/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POWERS, GERALD C
Address: 236 PEBBLE BEACH BLVD 408
City-St-Zip: NAPLES, FL 34113

Title: T () Delete
Name: SHANNON, ROSE
Address: 234 PEBBLE BEACH BLVD 302
City-St-Zip: NAPLES, FL 34113

Title: VP () Delete
Name: PERRY, NANCY
Address: 238 PEBBLE BEACH BLVD 606
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: BAYRD, RICHARD
Address: 232 PEBBLE BEACH BLVD., #104
City-St-Zip: NAPLES, FL 33962

Title: D () Delete
Name: O'LEARY, DENNIS
Address: 236 PEBBLE BEACH BLVD. #403
City-St-Zip: NAPLES, FL 34113

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:

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 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: GERALD POWERS

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date