

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90003 034 \*\*\*\*61.25

**DOCUMENT # N37696**

1. Entity Name

**DEAUVILLE OF NAPLES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**4100 CORPORATE SQUARE  
 SUITE 105  
 NAPLES FL 34104  
 US**

Mailing Address

**ANCHOR ASSOCIATE, INC.  
 4100 CORPORATE SQUARE, SUITE 105  
 NAPLES FL 34104  
 US**

59010311



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0188635**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ANCHOR ASSOCIATES, INC.  
 SHIRLEY HINGSTON  
 4100 CORPORATE SQUARE, SUITE 105  
 NAPLES FL 34104**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
 Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	VD HOLLAND, PAUL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5784 DEAUVILLE CIR #203	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE NAME	PD FRANCIS, RON	<input type="checkbox"/> Delete
STREET ADDRESS	5733 DEAUVILLE LAKE CIR #308	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE NAME	DT RULLI, DON	<input type="checkbox"/> Delete
STREET ADDRESS	5784 DEAUVILLE LAKE CIR #202	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE NAME	VD MACDOUGALL, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5733 DEAUVILLE LAKE CIRCLE	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE NAME	SD KOENING, BILL	<input type="checkbox"/> Delete
STREET ADDRESS	5761 DEANVILLE CIR D 208	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	VD SUSAN Luong	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5754 Deauville Circle	
CITY-ST-ZIP	Naples, FL 34112	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VD Geraldine Marnane	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5733 Deauville Cir # 304	
CITY-ST-ZIP	Naples, FL 34112	
TITLE NAME	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/04

Date

Daytime Phone #