

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2004  
Secretary of State**

DOCUMENT# N97000001447

Entity Name: THE STRAND HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O R&P PROPERTY MGMT  
265 AIRPORT RD S  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O R&P PROPERTY MGMT  
265 AIRPORT RD S  
NAPLES, FL 34104 US

**New Mailing Address:**

FEI Number: 59-3473779      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARROLL, GLENN  
265 AIRPORT RD S  
NAPLES, FL 34104 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: PD ( ) Delete  
Name: LYSTER, MICHAEL  
Address: 5931 BARCLAY LANE  
City-St-Zip: NAPLES, FL 34110

Title: VPD ( ) Delete  
Name: POLIZZOTTO, ROBERT  
Address: 5871 MARBLE COURT  
City-St-Zip: NAPLES, FL 34110

Title: SP ( ) Delete  
Name: GALASH, RICHARD  
Address: 5914 BARCLAY LANE  
City-St-Zip: NAPLES, FL 34110

Title: TD ( ) Delete  
Name: MARCHETTA, MICHAEL  
Address: 5943 BARCLAY LANE  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: DIGANGI, ALAN  
Address: 5864 MARBLE COURT  
City-St-Zip: NAPLES, FL 34110

**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: MICHAEL LYSTER

PD

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date