2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
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:

R & P PROPERTY MANAGEMENT
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: DIGANGI, ALAN
Address: 5864 MARBLE COURT
City-St-Zip: NAPLES, FL 34110

Title: VPD ( ) Delete
Name: FISCHER, DON
Address: 5936 STRAND BLVD
City-St-Zip: NAPLES, FL 34110

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

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

Title: D ( ) Delete
Name: YOUNG, BILL
Address: 5886 BARCLAY LANE
City-St-Zip: NAPLES, FL 34110

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: D ( ) Change (X) Addition
Name: CANNONE, GIGI
Address: 5889 ROLLING PINES DR.
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ALAN DIGANGI PD 04/23/2009
Electronic Signature of Signing Officer or Director — Date