

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 A
Secretary of State

DOCUMENT # N04000009113

1. Entity Name

RAPALLO THREE ASSOCIATION, INC.



Principal Place of Business

**8551 VIA RAPALLO
ESTERO, FL 33928**

Mailing Address

**8551 VIA RAPALLO
ESTERO, FL 33928**

DO NOT WRITE IN THIS SPACE



03092007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

20-2180539

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PASSIDOMO, KATHLEEN C
2640 GOLDEN GATE PKWY STE 305
NAPLES, FL 34105**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WALLACE, JAMES P
8551 VIA RAPALLO
ESTERO, FL 33928**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WALLACE, DEBRA
8551 VIA RAPALLO
ESTERO, FL 33928**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DWIER, EDWARD
8551 VIA RAPALLO
ESTERO, FL 33928**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000688310
04/10/07-80074-024 61.25

**DO NOT WRITE
IN THIS SPACE**

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

Ed DWIER
ED DWIER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-07

Date

239 948 2929

Daytime Phone #