


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90032 042 ****61.25

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2180539	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Name Street Address (P.O. Box Number is Not Acceptable) City			Name RICHARD D. DEBEST II Street Address 2030 McGregor Blvd City FT. MYERS FL Zip Code 33901		
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 <i>Richard DeBest</i> DATE 1/31/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALLACE, JAMES P <input checked="" type="checkbox"/> Delete 8551 VIA RAPALLO ESTERO, FL 33928		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ZENO, LARRY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8575 VIA LUNSGOMARE CIR. #201 ESTERO, FL 33928	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALLACE, DEBRA <input checked="" type="checkbox"/> Delete 8551 VIA RAPALLO ESTERO, FL 33928		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP AMBROSE, JAMES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8590 VIA LUNSGOMARE CIR. #201 ESTERO, FL 33928	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DWIER, EDWARD <input checked="" type="checkbox"/> Delete 8551 VIA RAPALLO ESTERO, FL 33928		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MORENO-ARVOTTI, KATHLEEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8508 VIA RAPALLO DR. #204 ESTERO, FL 33928	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	BD ZAWACKI, LAREN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8617 VIA RAPALLO DR. #104 ESTERO, FL 33928	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS SLATER, SHERRY ANN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 26930 Nicki J Ct. Bonita Springs FL 34135	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Sherry Slater</i> SHERRY SLATER					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 2-4-08 Daytime Phone 239-949-3347	