
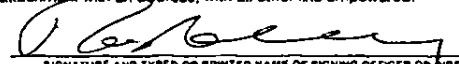


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Jun 19, 2008 8:00 am
Secretary of State

05-19-2008 90039 008 ****70.00

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

5/19

DOCUMENT # N05000004615		
1. Entity Name THE RESIDENCE I AT NAPLES BAY RESORT CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 3530 KRAFT ROAD SUITE 300 NAPLES, FL 34105	Mailing Address 3530 KRAFT ROAD SUITE 300 NAPLES, FL 34105	
DO NOT WRITE IN THIS SPACE		
		02122008 No Chg-NP CR2E037 (4/06)
4. FEI Number 20-4759395		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
HASTINGS, CHERYL L ESQ. GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, P.A. 5551 RIDGEWOOD DRIVE STE 401 NAPLES, FL 34102		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, ROY A 3530 KRAFT ROAD STE 300 NAPLES, FL 34105	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, PETER 3530 KRAFT ROAD STE 300 NAPLES, FL 34105	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, CHARLES 3530 KRAFT ROAD STE 300 NAPLES, FL 34105	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		06 16 08 239 580 5101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #