

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004455

FILED
Jan 07, 2009
Secretary of State

Entity Name: NAPLES ART ASSOCIATION, INC.

Current Principal Place of Business:

585 PARK ST.
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

585 PARK ST.
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 59-1022882

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, TAYLOR C
585 PARK STREET
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

KESSLER, JOEL
585 PARK STREET
NAPLES, FL 34102 US

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: JOEL KESSLER

01/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NAPPO, FRANK
Address: 11224 LONGSHORE WAY W
City-St-Zip: NAPLES, FL 34119

Title: VP () Delete
Name: STEVENS, RICHARD
Address: 1898 MISSION DR
City-St-Zip: NAPLES, FL 34109

Title: S () Delete
Name: SALTARELLI, ROBERT
Address: 2877 LONE PINE LN
City-St-Zip: NAPLES, FL 34119

Title: T () Delete
Name: HULBERT, LAURENCE E
Address: 295 GRANDE WAY #101
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: WELLS, TAYLOR C
Address: 1011 OAK FOREST DR
City-St-Zip: NAPLES, FL 34104

Title: VP () Delete
Name: ZOLER, JON
Address: 185 THIRD AVE N.
City-St-Zip: NAPLES, FL 34102

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: D (X) Change () Addition
Name: KESSLER, JOEL
Address: 905 VISTANA CIRCLE
City-St-Zip: NAPLES, FL 34119

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOEL KESSLER

D

01/07/2009

Electronic Signature of Signing Officer or Director

Date