2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29722

FILED Apr 25, 2012 Secretary of State

Entity Name: DRIFTWOOD OF OLDE NAPLES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

C/O COASTAL PROPERTY MANAGEMENT 501 GOODLETTE RD. N., STE C-200

NAPLES, FL 34102

2340 J & C BLVD NAPLES, FL 34109 US

Current Mailing Address:

New Mailing Address:

C/O COASTAL PROPERTY MANAGEMENT

501 GOODLETTE RD. N., STE C-200

NAPLES, FL 34102 UŚ PO BOX 111693

NAPLES, FL 34108 US

FEI Number: 65-0131751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MARQUESAS MANAGEMENT

2340 J & C BLVD

COASTAL PROPERTY MANAGEMENT 501 GOODLETTE RD. N., STE C-200 NAPLES, FL 34102

NAPLES, FL 34109 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: MARQUESAS MANAGEMENT

04/25/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

HOGGINS, GRAHAM Name: Address: PO BOX 111693 City-St-Zip: NAPLES, FL 34108

Title:

Name: WEST, WILLIE Address: PO BOX 111693 City-St-Zip: NAPLES, FL 34108

Title:

HAMMER, RUSS Name: Address: PO BOX 111693 City-St-Zip: NAPLES, NC 34108

Title:

Name: MCDANIEL, HOMER Address: PO BOX 111693 City-St-Zip: NAPLES, FL 34108

Title:

BROWN, DOROTHY Name: PO BOX 111693 Address: NAPLES, FL 34108 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: GRAHAM HOGGINS

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04/25/2012