

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 744650

**Entity Name:** GOLF CREST OF NAPLES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4050 GOLDEN GATE PRKWY  
NAPLES, FL 34116

**Current Mailing Address:**

PO BOX 990015  
NAPLES, FL 34116 US

**FEI Number:** 59-1923809

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PROPERTY MANAGEMENT PLUS, LLC  
410 ROBIN HOOD CR  
202  
NAPLES, FL 34104 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name ABERNATHY, JOYCE  
Address 4190 MCCLELLAN RD.  
City-State-Zip: PENSACOLA FL 32503

Title DP  
Name LACOST, SHERMAN  
Address P.O. BOX 1307  
City-State-Zip: MARCO ISLAND FL 34146

Title VP  
Name LACOST, GEOFF  
Address 1293 JAMAICA RD  
City-State-Zip: MARCO ISLAND FL 34145

Title SECRETARY  
Name LACOST, SHARON  
Address PO BOX 2157  
City-State-Zip: MARCO ISLAND FL 34146

*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:** SHERMAN D LACOST

**PRESIDENT**

**06/19/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date