

2016 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 DST
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 D
Name PENCE, RICHARD
Address PO BOX 5021
City-State-Zip: MARCO ISLAND FL 34146

Title DIRECTOR
Name CALLEJAS, JOSE
Address 130 22ND AVE NW
City-State-Zip: NAPLES FL 34120

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 LACOST

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06/22/2016

Electronic Signature of Signing Officer/Director Detail

_____ Date