

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000004864

**FILED**  
**Mar 19, 2015**  
**Secretary of State**  
**CC6878550132**

**Entity Name:** OLDE NAPLES SEAPORT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1001 10TH AVENUE SOUTH  
NAPLES, FL 34102

**Current Mailing Address:**

895 10TH STREET SO.,  
STE 201  
NAPLES, FL 34102

**FEI Number:** 20-3257479

**Certificate of Status Desired:** No

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

RICE PROPERTY SERVICES, INC.  
895 10TH STREET SOUTH  
201  
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:** VALERIE RICE

03/19/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            JONES, DON  
Address        1001 10TH AVENUE SO. #210  
City-State-Zip: NAPLES FL 34102

Title            TREASURER  
Name            RAINEN, MICHAEL  
Address        1001 10TH AVENUE SO., #201  
City-State-Zip: NAPLES FL 34102

Title            VP  
Name            FAUCETT, MICHAEL  
Address        1001 10TH AVENUE SO., #215  
City-State-Zip: NAPLES FL 34102

Title            SECRETARY  
Name            CIANCHETTE, PEGGY  
Address        1001 10TH AVENUE SOUTH  
City-State-Zip: NAPLES FL 34102

Title            DIRECTOR  
Name            FRENCH, JR., JOSEPH J  
Address        335 8TH AVENUE SOUTH  
City-State-Zip: NAPLES FL 34102

*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:** DON JONES

**PRESIDENT**

03/19/2015

Electronic Signature of Signing Officer/Director Detail

Date