

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37653

Entity Name: NAPLES GREEN CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH STE 215
NAPLES, FL 34104**Current Mailing Address:**C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH STE 215
NAPLES, FL 34104**FEI Number:** 65-0297652**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GREUSEL, JAMIE
1104 N COLLIER BLVD
MARCO ISLAND, FL 34145 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	S
Name	SCHEIBEL, MARK
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DRIVE SOUTH STE 215
City-State-Zip:	NAPLES FL 34104

Title	VP1
Name	MOE, BRIAN R
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DRIVE SOUTH STE 215
City-State-Zip:	NAPLES FL 34104

Title	P
Name	LEFEVRE, ARTHUR
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DRIVE SOUTH STE 215
City-State-Zip:	NAPLES FL 34104

Title	VP2
Name	PRISCO, FRANK
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DRIVE SOUTH STE 215
City-State-Zip:	NAPLES FL 34104

Title	TREASURER
Name	AKSTIN, JAMES
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DRIVE SOUTH STE 215
City-State-Zip:	NAPLES FL 34104

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: ARTHUR LEFEVRE**PRESIDENT****03/13/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date