

**2017 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	1424 FERNLEDGE DRIVE
City-State-Zip:	ALLISON PARK PA 15101

Title	VP1
Name	MOE, BRIAN R
Address	JOANN STARZEC-MOE 15409 STRUGHN DR
City-State-Zip:	LAUREL MD 20707

Title	P
Name	LEFEVRE, ARTHUR
Address	238 PEBBLE BEACH BLVD #607
City-State-Zip:	NAPLES FL 34113

Title	VP2
Name	PRISCO, FRANK
Address	187 N NASSAU AVE
City-State-Zip:	NORTH MASSAPEQUA NY 11758

Title	TREASURER
Name	AKSTIN, JAMES
Address	24 PARSONAGE HILL ROAD
City-State-Zip:	HAVERHILL MA 01832

*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****03/09/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date