2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704019

FILED Apr 19, 2006 Secretary of State

Entity Name: NAPLES ASSOCIATION NO. 4357, INC.

Current Principal Place of Business: New Principal Place of Business:

6120 GOLDEN GATE PKWY. NAPLES, FL 34116 US

Current Mailing Address: New Mailing Address:

781 14TH ST S.E. NAPLES, FL 34117 US

FEI Number: 59-6138435 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BALZARANO, RALPH J 781 14TH ST. S.E. NAPLES, FL 34117 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:

Clastera is Cinneting of Decistors of August

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 BALZARANO, RALPH J
 Name:
 GIGLIELLO, MICHAEL A

 Address:
 781 14TH ST SE
 Address:
 3117 DOMINICA WAY

 City-St-Zip:
 NAPLES, FL 34117
 City-St-Zip:
 NAPLES, FL 34119

Title: D () Delete Title: D (X) Change () Addition Name: GABRIEL, JOSEPH Name: GUNDECK, THOMAS

 Name:
 GABRIEL, JOSEPH
 Name:
 GUNDECK, THOMAS

 Address:
 8167 IBIS COVE CIR.
 Address:
 3550 11TH AVENUE SW

 City-St-Zip:
 NAPLES, FL 34119
 City-St-Zip:
 NAPLES, FL 34117

Title: T () Delete Title: () Change () Addition

 Name:
 JAMES, BEUTTNER
 Name:

 Address:
 148 STAN HOPE CIR
 Address:

 City-St-Zip:
 NAPLES, FL 34104
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL GIGLIELLO D 04/19/2006