


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # 719533 1. Entity Name NAPLES DIPLOMAT CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1919 GULF SHORE BLVD. N. NAPLES, FL 34102	Mailing Address 1919 GULF SHORE BLVD. N. NAPLES, FL 34102
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1308219	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CALIGUIRI, LAWRENCE 1919 GULF SHORE BLVD. N. NAPLES, FL 34102
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000590972 01/19/07-80004-015 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOOLERY, ROBERT 1919 GULF SHORE BLVD. N. NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WOODS, MARY 1919 GULF SHORE BLVD. N. NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D LINTZ, LOUISE 1919 GULF SHORE BLVD. N. NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALIGUIRI, LAWRENCE 1919 GULF SHORE BLVD. N. NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LE VINE, ROBERT 1919 GULF SHORE BLVD. N. NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, EDWARD 1919 GULF SHORE BLVD. N. NAPLES, FL 34102

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert C. Levine **ROBERT C. LEVINE** 1/11/07 239-262-7630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #