


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

|  |   |
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| <b>DOCUMENT # 739898</b><br>1. Entity Name<br>OLDE NAPLES VILLAS CONDOMINIUM, INC. |  |
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|---|---|
| Principal Place of Business<br>COASTAL PROPERTY MGMT OF SW FL, INC<br>501 GOODLETTE RD. N, STE C-200<br>NAPLES, FL 34102 US | Mailing Address<br>COASTAL PROPERTY MGMT OF SW FL, INC<br>501 GOODLETTE RD. N, STE C-200<br>NAPLES, FL 34102 US |
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04242008 No Chg-NP

CR2E037 (4/06)

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| 4. FEI Number<br>59-1854569   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

6. Name and Address of Current Registered Agent  
  
COASTAL PROPERTY MGMT OF SW FL, INC  
501 GOODLETTE RD. N.  
SUITE C-200  
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)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
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| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>HUTCHISON, KEN<br>300 5TH AVE SOUTH, #260<br>NAPLES, FL 34102    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SANDERLIN, TINA<br>3976 SHELBYVILLE ROAD<br>SHELBYVILLE, KY 40065 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>MARTIN, MARY<br>3114 NW HWY #70<br>ARCADIA, FL 34266              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>SCHOENING, STEVE<br>1833 RIVER ROAD<br>LOUISVILLE, KY 40206       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John S. Green - Manager**  
**04-21-08 - Ph 239-434-2077**