2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 739898

Entity Name: OLDE NAPLES VILLAS CONDOMINIUM, INC.

Current Principal Place of Business:

COASTAL PROPERTY MGMT OF SW FL, INC
501 GOODLETTE RD. N, STE C-200
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

COASTAL PROPERTY MGMT OF SW FL, INC
501 GOODLETTE RD. N, STE C-200
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 59-1854569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COASTAL PROPERTY MGMT OF SW FL. INC
501 GOODLETTE RD. N.
SUITE C-200
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: HUTCHISON, KEN
Address: 300 5TH AVE SOUTH, #260
City-St-Zip: NAPLES, FL 34102

Title: P ( ) Delete
Name: SANDERLIN, TINA
Address: 3976 SHELYVILLE ROAD
City-St-Zip: SHELBYVILLE, KY 40065

Title: S ( ) Delete
Name: MARTIN, MARY
Address: 3114 NW HWY #70
City-St-Zip: ARCADIA, FL 34266

Title: T ( ) Delete
Name: SCHOENING, STEVE
Address: 1833 RIVER ROAD
City-St-Zip: LOUISVILLE, KY 40206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOHN S GREEN MGR 04/15/2009
Electronic Signature of Signing Officer or Director — Date