

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741579

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** THE SUNDOWNER OF NAPLES ASSOCIATION, INC.

**Current Principal Place of Business:**

4062 BELAIR LANE  
# 3  
NAPLES, FL 34103 US

**New Principal Place of Business:**

**Current Mailing Address:**

4062 BELAIR LANE  
NAPLES, FL 34103

**New Mailing Address:**

C/O COASTAL PROPERTY MGT OF SW FL  
C200  
NAPLES, FL 34102

**FEI Number:** 59-2089843

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAILEY, WILLIAM G  
4062 BELAIR LANE #3  
NAPLES, FL 34103 US

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

C/O COASTAL PROPERTY MGT OF SW FL  
501 GOODLETTE ROAD N  
C-200  
NAPLES, FL 34102 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: JOHN S GREEN

04/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VAT ( ) Delete  
Name: TYLER, PATRICIA  
Address: 4062 BEL AIR LANE #11  
City-St-Zip: NAPLES, FL 34103

Title: PD (X) Delete  
Name: BAILEY, WILLIAM G  
Address: 4062 BELAIR LANE #3  
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete  
Name: WILLEY, FRANK  
Address: 4062 BELAIR LANE 10  
City-St-Zip: NAPLES, FL 34103

Title: SD ( ) Delete  
Name: CHAMBERS, THOMAS  
Address: 4062 BEL AIR LANE #2  
City-St-Zip: NAPLES, FL 34103

Title: DD ( ) Delete  
Name: BAKER, RICHARD  
Address: 4062 BELAIN LANE # 8  
City-St-Zip: NAPLES, FL 34103

**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:

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