


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90026 007 \*\*\*\*61.25

<b>DOCUMENT # 744650</b> 1. Entity Name <b>GOLF CREST OF NAPLES CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>4050 GOLDEN GATE PARKWAY NAPLES, FL 34116 US</b>			Mailing Address <b>4050 GOLDEN GATE PARKWAY NAPLES, FL 34116 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1923809</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STERLING PROPERTY SRVS 27800 OLD 41 RD BONITA SPRINGS, FL 34135</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
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 <u><i>Brian Homchak, Agent</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u><i>3/15/07</i></u>	
<b>Filing Fee Is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAAB, LARRY 5877 ENGLISH OAKS LANE NAPLES, FL 34119	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME STREET ADDRESS CITY-ST-ZIP	<del>VP</del> BARRENECHE, MARQARITA POB 990998 NAPLES, FL 34116	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VP</b> NAME STREET ADDRESS CITY-ST-ZIP	<del>TS</del> BARRENECHE, RADOLFO POB 990998 NAPLES, FL 34116	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> CALLEJAS, JOSE 130 22ND AVENUE NW NAPLES, FL 34120	<input checked="" type="checkbox"/> Delete		TITLE <b>STD</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PATRICIA BALLARD</b> <b>3271 17 AVENUE SW</b> <b>NAPLES, FL 34117</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> NAREDO, ROASRIO 4050 GOLDEN GATE PKWY UNIT A217 NAPLES, FL 34116	<input checked="" type="checkbox"/> Delete		TITLE <b>D</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>ARTHUR MAHAN</b> <b>4050 GOLDEN GATE PKY #C133</b> <b>NAPLES, FL 34116</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u><i>Brian Homchak, Agent, Property</i></u> <u><i>3/15/07</i></u> <u><i>(239) 947-4552</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**40056544**



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