
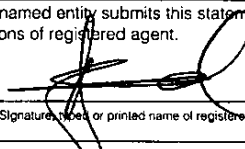



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90048 001 \*\*\*\*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 # <b>27180 Baylanding Dr.</b>			3. Mailing Address <b>27180 Baylanding Dr.</b>		
Suite, Apt. #, etc. <b>4</b>			Suite, Apt. #, etc. <b>4</b>		
City & State <b>Bonita Sprys, FL</b>			City & State <b>Bonita Springs FL</b>		
Zip <b>34135</b>			Zip <b>34135</b>		
Country <b>USA</b>			Country <b>USA</b>		
6. Name and Address of Current Registered Agent  <b>STERLING PROPERTY SRVS 27000 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) <b>27180 Baylanding Dr. Ste 4</b> 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  <small>Signature, name or printed name of registered agent and title if applicable.</small>				DATE <b>4/18/08</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
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 NAME STREET ADDRESS CITY-ST-ZIP	D BARRENECHE, MARQARITA POB 990998 NAPLES, FL 34116	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARRENECHE, RADOLFO POB 990998 NAPLES, FL 34116	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BALLARD, PATRICIA 3271 17 AVENUE SW NAPLES, FL 34117	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHAN, ARTHUR 4050 GOLDEN GATE PKY #C133 NAPLES, FL 34116	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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.					
SIGNATURE:  <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>4/18/08</b>	