

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744650

FILED  
Apr 18, 2012  
Secretary of State

**Entity Name:** GOLF CREST OF NAPLES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4050 GOLDEN GATE PRKWY  
NAPLES, FL 34116 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 990015  
NAPLES, FL 34116 US

**New Mailing Address:**

**FEI Number:** 59-1923809

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PROPERTY MANAGEMENT PLUS, LLC  
410 ROBIN HOOD CR  
202  
NAPLES, FL 34104 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: DST  
Name: RAAB, LARRY  
Address: 5877 ENGLISH OAKS LANE  
City-St-Zip: NAPLES, FL 34119

Title: DP  
Name: LACOST, SHERMAN  
Address: P.O. BOX 1307  
City-St-Zip: MARCO ISLAND, FL 34146

Title: VP  
Name: LACOST, GEOFF  
Address: 1293 JAMAICA RD  
City-St-Zip: MARCO ISLAND, FL 34145

Title: D  
Name: PENCE, RICHARD  
Address: PO BOX 5021  
City-St-Zip: MARCO ISLAND, FL 34146

Title: D  
Name: CALLEJAS, JOSE  
Address: 130 22ND AVENUE NW  
City-St-Zip: NAPLES, FL 34120

I hereby 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 all other like empowered.

SIGNATURE: SHERMAN LACOST

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04/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date