

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759554

FILED  
Jan 05, 2010  
Secretary of State

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

**Current Principal Place of Business:**

2335 TAMIAMI TRAIL NORTH  
SUITE 402  
NAPLES, FL 34103

**New Principal Place of Business:**

27657 OLD US 41  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

2335 TAMIAMI TRAIL NORTH  
SUITE 402  
NAPLES, FL 34103

**New Mailing Address:**

PO BOX 2507  
BONITA SPRINGS, FL 34133

**FEI Number:** 59-2416125

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PATTERSON, ANNE  
CAMBRIDGE MANAGEMENT OF SW FL, INC  
2335 TAMIAMI TRAIL NORTH SUITE 402  
NAPLES, FL 34103 US

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

WILLIAMS, LEO  
THE WILLIAMS GROUP  
381 13TH AVE S  
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: LEO WILLIAMS

01/05/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: WARVEL, WILLIAM  
Address: 1520 IMPERIAL GOLF COURSE BLVD #225  
City-St-Zip: NAPLES, FL 34110

Title: DVP  
Name: MCCORMACK, ROBERT  
Address: 1510 IMPERIAL GOLFCOURSE BLVD #111  
City-St-Zip: NAPLES, FL 34110

Title: DS  
Name: FARHET, CAROLYN  
Address: 1520 IMPERIAL GOLF COURSE BLVD., #233  
City-St-Zip: NAPLES, FL 34110

Title: D  
Name: MANGIANTE, ROBERT  
Address: 1520 IMPERIAL GOLF COURSE BLVD #313  
City-St-Zip: NAPLES, FL 34110

Title: DT  
Name: BRAVO, ANDRES  
Address: 1510 IMPERIAL GOLF COURSE., #112  
City-St-Zip: NAPLES, FL 34110

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: LEO WILLIAMS

RA

01/05/2010

Electronic Signature of Signing Officer or Director

Date