

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # 763176

1. Entity Name
CRAYTON ROAD ASSOCIATION, INC.



Principal Place of Business
**P.O. BOX 396
NAPLES, FL 33940**

Mailing Address
**P.O. BOX 396
NAPLES, FL 33940**



03132007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0032956	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HAYES, LINDA
607 BINNACLE DR.
NAPLES, FL 34103**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMITH, GARY 4217 CRAYTON RD NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HABERMAN, SANDY 3868 CRAYTON RD. NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS NEWMAN, VIRGINIA 3150 CRAYTON ROAD NAPLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LUCKHART, ELAINE 3500 CRAYTON ROAD NAPLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KALMANS, AMY 2100 CRAYTON ROAD NAPLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT HAYES, LINDA 607 BINNACLE DR. NAPLES, FL 34103

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03/27/07-80006-017 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #