

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763176

FILED  
Mar 01, 2009  
Secretary of State

**Entity Name:** CRAYTON ROAD ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 396  
NAPLES, FL 33940

**New Principal Place of Business:**

607 BINNACLE DR  
NAPLES, FL 34103

**Current Mailing Address:**

P.O. BOX 396  
NAPLES, FL 33940

**New Mailing Address:**

**FEI Number:** 65-0032956

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAYES, LINDA  
607 BINNACLE DR.  
NAPLES, FL 34103 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: PD ( ) Delete  
Name: SMITH, GARY  
Address: 4217 CRAYTON RD  
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete  
Name: NEWMAN, DOUGLAS  
Address: 2800 CRAYTON RD  
City-St-Zip: NAPLES, FL 34103

Title: DS ( ) Delete  
Name: NEWMAN, VIRGINIA  
Address: 3150 CRAYTON ROAD  
City-St-Zip: NAPLES, FL

Title: D ( ) Delete  
Name: LUCKHART, ELAINE  
Address: 3500 CRAYTON ROAD  
City-St-Zip: NAPLES, FL

Title: D ( ) Delete  
Name: GLAZIER, MARJORIE  
Address: 3505 CRAYTON RD  
City-St-Zip: NAPLES, FL 34103

Title: DT ( ) Delete  
Name: HAYES, LINDA  
Address: 607 BINNACLE DR.  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LINDA HAYES

DT

03/01/2009

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

\_\_\_\_\_  
Date