2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Jan 22, 2008 8:00 am **Secretary of State DOCUMENT # N00000007357** 1. Entity Name 01-22-2008 90067 035 ****61.25 DA VINCI ESTATES HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 7955 AIRPORT ROAD, N 7955 AIRPORT ROAD, N 400-SUITE 101 Suite 101 NAPLES, FL 34109 NAPLES, FL 34109 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082008 Chq-NP CR2E037 (12/06) City & State 4. FEI Number 59-3679121 Applied For City & State Not Applicable Country Žin Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FAGA, ANTONIO ESQ. Street Address (P.O. Box Number is Not Acceptable) 7955 AIRPORT ROAD, N **SUITE 101** NAPLES, FL 34109 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change Addition TITLE ☐ Delete TTLE O'LOUGHLIN, PATRICK NAME NAME 9130 GALLERIA CT STE 113 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition O'LOUGHLIN, LIAM P NAME NAME STREET ADORESS 9130 GALERIA CT STE 113 STREET ADDRESS NAPLES, FL 34109 CITY-ST-ZIP CITY-ST-7IP ☐ Delete SICKLES, BRUCE J NAME 4001 SANTA BATBATA BLVD #174 NAPLES FL 34104 7955 AIRPORT ROAD, N., SUITE 101 STREET ADDRESS STREET ADDRESS CITY-ST-7IP NAPLES, FL 34109 CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Detete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS CITY-ST-71P

☐ Delete

Brun J Sudba Sect/Tres

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1/17/08

☐ Change

☐ Addition

FILED