

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007357

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** DA VINCI ESTATES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

7955 AIRPORT ROAD, N  
SUITE 101  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

7955 AIRPORT ROAD, N  
SUITE 101  
NAPLES, FL 34109

**New Mailing Address:**

**FEI Number:** 59-3679121

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FAGA, ANTONIO ESQ.  
7955 AIRPORT ROAD, N  
SUITE 101  
NAPLES, FL 34109 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: FOLKMAN, JEFFREY  
Address: 2995 MONA LISA BLVD  
City-St-Zip: NAPLES, FL 34119

Title: VD ( ) Delete  
Name: BOVE, PETER  
Address: 2986 MONA LISA BLVD  
City-St-Zip: NAPLES, FL 34109

Title: STD ( ) Delete  
Name: KERNAN, RICHARD  
Address: 2905 LEONARDO AVE  
City-St-Zip: NAPLES, FL 34119

**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:

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: PETER BOVE

VD

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date