

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90057 012 ****61.25

DOCUMENT # N00000008281					
1. Entity Name MARAVILLA IN OLDE NAPLES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business % COASTAL PROPERTY MANAGEMENT OF SW FL, INC 501 GOODLETTE RD. N., STE A-206 NAPLES, FL 34102 US			Mailing Address % COASTAL PROPERTY MANAGEMENT OF SW FL, INC 501 GOODLETTE RD. N., STE A-206 NAPLES, FL 34102 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. SUITE C-200		Suite, Apt. #, etc. SUITE C-200			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3732153	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COASTAL PROPERTY MANAGEMENT OF SW FL, INC. 501 GOODLETTE RD. N, STE.A-206 NAPLES, FL 34102			Name Street Address (P.O. Box Number is Not Acceptable) SUITE C-200 City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REDDICK, RUSS 888 10TH STREET SOUTH NAPLES, FL 34102 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR LIKENS, DON 980 8TH AVE. SOUTH NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARK JACKSON 838 TENTH ST. SOUTH NAPLES, FL 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SEC/TREAS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAIMONDO, THOMAS 988 8TH AVENUE SOUTH NAPLES, FL 34102 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEISS, ALLAN 996 8TH AVE S NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40040913



02122007 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Name
Street Address (P.O. Box Number is Not Acceptable)
SUITE C-200
City FL Zip Code

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
REDDICK, RUSS
888 10TH STREET SOUTH
NAPLES, FL 34102 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIR
LIKENS, DON
980 8TH AVE. SOUTH
NAPLES, FL 34102 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
RAIMONDO, THOMAS
988 8TH AVENUE SOUTH
NAPLES, FL 34102 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
WEISS, ALLAN
996 8TH AVE S
NAPLES, FL 34102 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MARK JACKSON
838 TENTH ST. SOUTH
NAPLES, FL 34102 ☐ Change ☒ Addition
SEC/TREAS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE-PRES. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

John S. Green - Manager
2/28/2007 239-434-2077