2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008281

FILED Apr 15, 2009 Secretary of State

Entity Name: MARAVILLA IN OLDE NAPLES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

% COASTAL PROPERTY MGMT OF SW FL,INC 501 GOODLETTE RD. N., STE C-200 NAPLES, FL 34102

Current Mailing Address:

% COASTAL PROPERTY MGMT OF SW FL,INC 501 GOODLETTE RD. N., STE C-200 NAPLES, FL 34102 UŚ

FEI Number: 59-3732153 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

COASTAL PROPERTY MANAGEMENT OF SW FL, INC. 501 GOODLETTE RD. N SUITE C-200 NAPLES, FL 34102 US

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

New Mailing Address:

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition LIKENSS, DON RAIMONDO, THOMAS Name: Name: 980 EIGHT AVE. SOUTH Address: 980 EIGHT AVE. SOUTH Address: City-St-Zip: NAPLES, FL 34102 US City-St-Zip: NAPLES, FL 34102 US

Title: () Delete Title: (X) Change () Addition JACKSON, MARK Name: DUNN, LINDA Name:

Address: 838 TENTH ST. SOUTH Address: 838 TENTH ST. SOUTH

City-St-Zip: NAPLES, FL 34102 US City-St-Zip: NAPLES, FL 34102 US

Title: () Delete Title: (X) Change () Addition

RAIMONDO, THOMAS JACKSON, MARK Name: Name: 988 8TH AVENUE SOUTH Address: 988 8TH AVENUE SOUTH Address: City-St-Zip: NAPLES, FL 34102 US City-St-Zip: NAPLES, FL 34102 US

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: JOHN S GREEN MRG 04/15/2009