2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008281

FILED Mar 13, 2012 Secretary of State

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

Current Principal Place of Business:

New Principal Place of Business:

NAPLES COMMUNITY MANAGEMENT, INC.

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

1100 FIFTH AVE. S., #201 NAPLES, FL 34102

NAPLES, FL 34102 **Current Mailing Address:**

New Mailing Address:

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

NAPLES COMMUNITY MANAGEMENT, INC. 1100 FIFTH AVE. S., #201

NAPLES, FL 34102 UŚ NAPLES, FL 34102

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.

NAPLES COMMUNITY MANAGEMENT, INC. 1100 FIFTH AVENUE S.

501 GOODLETTE RD. N SUITE C-200

SUITE 201 NAPLES, FL 34102 US

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: LORI CORNELIUS, CAM

03/13/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

RAIMONDO, THOMAS Name: Address: 32 WILBUR STREET City-St-Zip: WALTHAM, MA 02453 US

Title:

Name: DUNN, LINDA

Address: 980 EIGHTH AVE SOUTH City-St-Zip: NAPLES, FL 34102 US

Title: S/T

JACKSON, MARK Name: Address: 838 TENTH ST S City-St-Zip: NAPLES, FL 34102 US

I hereby 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 all other like empowered.

SIGNATURE: THOMAS RAIMONDO Ρ 03/13/2012