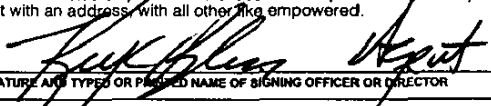


FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90161 010 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N01000000514					
1. Entity Name THE DUNES OF NAPLES I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 300 DUNES BLVD. NAPLES, FL 34110			Mailing Address 3050 N. HORSESHOE DR. #275 NAPLES, FL 34104		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3696081	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRAMER-TRIAS MANAGEMENT GROUP 3050 N. HORSESHOE DRIVE #275 NAPLES, FL 34104				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				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 _____ 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, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	☒ Delete	TITLE	P	☒ Change ☐ Addition
NAME	BRADLEY, DAN		NAME	BODNAR, MARK	
STREET ADDRESS	300 DUNES BLVD.		STREET ADDRESS	300 DUNES BLVD. #506	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	TD	☐ Delete	TITLE	YP	☐ Change ☒ Addition
NAME	RAY, BRUNAL		NAME	RIGONI, ROBERT	
STREET ADDRESS	300 DUNES BLVD.		STREET ADDRESS	300 DUNES BLVD # PAL	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	VPD	☐ Delete	TITLE	S	☐ Change ☒ Addition
NAME	MARKOVICH, HENRY		NAME	ROSEN, CANDACE	
STREET ADDRESS	300 DUNES BLVD #603		STREET ADDRESS	300 DUNES BLVD #307	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	D	☒ Delete	TITLE	T	☐ Change ☒ Addition
NAME	BODNAR, MARK		NAME	NEELY, JOHN	
STREET ADDRESS	300 DUNES BLVD #602		STREET ADDRESS	300 DUNES #1102	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-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.					
SIGNATURE: 			4-11-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		