2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N01000000514

Entity Name: THE DUNES OF NAPLES I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

300 DUNES BLVD.
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

3050 N. HORSESHOE DR.
#275
NAPLES, FL 34104

New Mailing Address:

FEI Number: 59-3696081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRAMER-TRIAS MANAGEMENT GROUP
3050 N. HORSESHOE DRIVE #275
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

VANDALL, BONITA D
3050 N. HORSESHOE DRIVE #275
NAPLES, FL 34104 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: BONITA D VANDALL 04/08/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: NEALY, JOHN
Address: 300 DUNES BLVD. #1102
City-St-Zip: NAPLES, FL 34108

Title: VP ( ) Delete
Name: MARGUERITE, CARL
Address: 300 DUNES BLVD #205
City-St-Zip: NAPLES, FL 34110

Title: S ( ) Delete
Name: MRUUAY, PAMELA
Address: 300 DUNES BLVD #606
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: ROSEN, CANDICE
Address: 300 DUNES BLVD #307
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: RIGONI, ROBERT
Address: 300 DUNES BLVD. #PH6
City-St-Zip: NAPLES, FL 34108

Title: DVP (X) Change ( ) Addition
Name: MARGUERITE, CARL
Address: 300 DUNES BLVD #205
City-St-Zip: NAPLES, FL 34110

Title: S (X) Change ( ) Addition
Name: REYNOLDS, DOUG
Address: 300 DUNES BLVD #PH1
City-St-Zip: NAPLES, FL 34110

Title: DT (X) Change ( ) Addition
Name: KNAPP, TONY
Address: 300 DUNES BLVD #403
City-St-Zip: NAPLES, FL 34110

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: ROBERT RIGONI PRES 04/08/2009
Electronic Signature of Signing Officer or Director Date