2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N01000005417

Entity Name: STANFORD SQUARE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

12709 TAMIAMI TRAIL E.
NAPLES, FL 34113 US

New Principal Place of Business:

Current Mailing Address:

12709 TAMIAMI TRAIL E.
NAPLES, FL 34113 US

New Mailing Address:

FEI Number: 59-3737145 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLIER ASOCIATION MNGMT., INC.
12709 TAMIAMI TRAIL E.
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: STD (X) Delete
Name: GATES, TODD
Address: 5405 PARK CENTRAL CT.
City-St-Zip: NAPLES, FL 34109

Title: PD ( ) Delete
Name: HOLLANDER, LEE
Address: 2325 STANFORD COURT
City-St-Zip: NAPLES, FL 34112

Title: VPD ( ) Delete
Name: DORIA, ALBERT
Address: 2345 STANFORD COURT
City-St-Zip: NAPLES, FL 34112

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST ( ) Change (X) Addition
Name: BARBARA, DONOVAN
Address: 12709 TAMIAMI TRAIL E.
City-St-Zip: NAPLES, FL 34113

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LEE HOLLANDER PD 04/26/2005

Electronic Signature of Signing Officer or Director — Date