2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

DOCUMENT # N0200003368 1. Entity Name LA TREMITI HOMEOWNER'S ASSOCIATION, INC.							05-	-01-2006 90	0390 01	.5 ****61.	.25
Principal Place 5405 TAYLOI STE 4 NAPLES, FL	R RD	•	Mailing Address 5405 TAYLOR RD STE 4 NAPLES, FL 34109				, J. 1 L		 	11 10	
2. Principal Place of Business Clo Resort management			3. Mailing Address CLO Roson management			-~-					133 BK 1881
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04182006 Ch	g-NP	CR2E0	 37 (11/05)	
City & State			City & State			735	4. FEI Number			Ap	plied For
Naples, FL \$			Zip Country				81-0561161				t Applicable
3410	u	Country USA	34104	US.	•		5. Certificate of Sta	tus Desired		\$8.75 Addi Fee Required	
6. Name and Address of Current F				istered Agent Name			7. Name and Addr		gistered	Agent	
GRABINSKI, MATTHEW L					Street Address (P.O. Box Number is Not Acceptable)						
5551 RIDG SUITE 101			Street Address (P.U			F.O. Box Number is in			<u> </u>		
NAPLES, FL 34108					1409	78	Tivoli Te	rrace			
					City Bo	nita	PSpring's	<u> </u>	FL	Zip Code	35
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 2	Signature typed	or printed name of registered agent a	- Dan Dowden		l Agent signati	re required	d when reinstating)		DATE :		 }
					1						
		e is \$61.25 lay 1, 2006	9. Election Car Trust Fund C			\$5.00 May Be Added to Fees	Florie	da Depa	k payable to	ate	
TITLE	D	OFFICERS AND DIR	ECTORS Delete	11.		DP	ADDITIONS/CHANGE	S TO OFFICER	S AND DI	RECTORS IN	10 Addition
NAME	FARMER.	DAVID	NAM.			سما	y Hengelic	d		☐ orenige	E ADDITION
STREET ADDRESS 24860 BURNT PINE DRIVE CITY-ST-ZIP BONITA SPRINGS, FL 34134					ET ADORESS ST-ZIP		uz Tivoli			_	
TITLE			Delete T			92	ita Soxino	SITE S	4155	⊃ Change	Addition
NAME DAVIS, P.				NAME			niel Douode				
		RNT PINE DRIVE SPRINGS, FL 34134			ET ADDRESS ST-ZIP		98 Tivoli 7 1900 Sprin			1 5	
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NAME STREET ADDRESS		R, CARRIE RNT PINE DRIVE		NAME	ET ADDRESS				,		İ
CITY-ST-ZIP		SPRINGS, FL 34134			ST-ZIP						
TITLE	DS	PORERY	Delete	TITLE					,	☐ Change	☐ Addition
NAME STREET ADDRESS		, ROBERT EST LAKES BLVD		NAME STREE	ET ADDRESS						
CITY-ST-ZIP	NAPLES,	FL 34105		CITY-	-ST-ZIP						
TITLE NAME			☐ Delete	FITLE NAME						☐ Change	☐ Addition
STREET ADDRESS					ET ADDRESS				1		
CITY-ST-ZIP			pan,		-ST-ZIP				-		C Lastinian
TITLE NAME			☐ Delete	TITLE NAME					:	☐ Change	Addition
STREET ADDRESS					ET ADDRESS						
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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: Dan Dowden 4/28/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date										Daytime Phone #	
		SIGNATURE AND TYPED OR P	KIN I LD NAME OF SIGNING OFFICER	UR DIRECT	UR			DRIG	i	hakinus Lugue #	i