



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90050 013 ****61.25

DOCUMENT # N02000003368					
1. Entity Name LA TREMITI HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business C/O RESORT MANAGEMENT 2685 HORSESHOE DR S., #215 NAPLES, FL 34104			Mailing Address C/O RESORT MANAGEMENT 2685 HORSESHOE DR S., #215 NAPLES, FL 34104		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03162007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 81-0561161	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DOWDEN, DAN 14098 TIVOLI TERRACE BONITA SPRINGS, FL 34135			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: <u>Dan Dowden</u> (NOTE: Registered Agent signature required when reinstating) DATE:					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	DP HENGEHOLD, LARRY 14062 TIVOLI TERRACE BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Overend, Charles 14067 Tivoli Terrace Bonita Springs, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DOWDEN, DANIEL 14098 TIVOLI TERRACE BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS Dowden, Daniel 14098 Tivoli Terrace Bonita Springs, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: <u>Dan Dowden</u> <u>Dan Dowden</u> <u>4/13/07</u> <u>Secretary/Treasure</u>					