

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90469 033 ****61.25

DOCUMENT # N03000003821

1. Entity Name
**RIALTO AT HAMMOCK BAY CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**247 N COLLIER BLVD
202 (PO BOX 2056)
MARCO ISLAND, FL 34146**

Mailing Address
**247 N COLLIER BLVD
202 (PO BOX 2056)
MARCO ISLAND, FL 34146**

60045242



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
27-0057938

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MORRIS, WILLIAM G
247 N COLLIER BLVD
202 (PO BOX 2056)
MARCO ISLAND, FL 34146**

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, 2007**

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

TITLE **P** ☒ Delete
NAME **CASSERLY, JAMES**
STREET ADDRESS **1290 PIALTO WAY # 101**
CITY-ST-ZIP **NAPLES, FL 34114**

TITLE **S** ☐ Delete
NAME **DWYER, ROSE**
STREET ADDRESS **1272 PIALTO WAY # 202**
CITY-ST-ZIP **NAPLES, FL 34114**

TITLE **VP** ☒ Delete
NAME **ZUPPA, NINA**
STREET ADDRESS **1290 PIALTO WAY # 202**
CITY-ST-ZIP **NAPLES, FL 34114**

TITLE **T** ☒ Delete
NAME **BENNEL, ROGER**
STREET ADDRESS **1268 PIALTO WAY # 101**
CITY-ST-ZIP **NAPLES, FL 34114**

TITLE **D** ☒ Delete
NAME **BARRETT, JACK**
STREET ADDRESS **1282 PIALTO WAY # 101**
CITY-ST-ZIP **NAPLES, FL 34114**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition
NAME **Pyle, Bill**
STREET ADDRESS **1276 Rialto Way # 201**
CITY-ST-ZIP **Naples, FL 34114**

TITLE **VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME **Kelly, Larry**
STREET ADDRESS **1282 Rialto Way # 201**
CITY-ST-ZIP **Naples, FL 34114**

TITLE **T** ☐ Change ☒ Addition
NAME **Ballo, Stephanie**
STREET ADDRESS **1264 Rialto Way # 101**
CITY-ST-ZIP **Naples, FL 34114**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
NAME **Zeidler, Eileen**
STREET ADDRESS **1272 Rialto Way # 102**
CITY-ST-ZIP **Naples, FL 34114**

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:

Bill Pyle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07

Date

239-442-5446

Daytime Phone #