

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90411 005 ****61.25

DOCUMENT # N03000005627

1. Entity Name
 CARAVELLA AT PALMIRA NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
 12734 KENWOOD LANE
 SUITE 49
 FORT MYERS, FL 33907 US

Mailing Address
 12734 KENWOOD LANE
 SUITE 49
 FORT MYERS, FL 33907 US

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

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

40089114



03272007 Chg-NP CR2E037 (12/06)

4. FEI Number
 01-0789544

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUDLAND, MARK
 12734 KENWOOD LANE, STE 49
 FORT MYERS, FL 33907

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	ASM	<input type="checkbox"/> Delete
NAME	RUDLAND, MARK	
STREET ADDRESS	12734 KENWOOD LANE, STE 49	
CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CAPLAN, ED	
STREET ADDRESS	28673 SAN GALGANO WAY	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TALONI, ADAM	
STREET ADDRESS	23672 VIA CARINO LANE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERRY BAUM	
STREET ADDRESS	14180 GUSTINO WAY	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID W. HEMBREE	
STREET ADDRESS	23651 VIA CARINO LANE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy Skibinski	
STREET ADDRESS	14561 Carino Terr BS, FL 34135	
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: David W. Hembree DAVID W. HEMBREE 03/27/07 2399496386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #