2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# N03000006439

Entity Name: DELASOL HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O INTERGRATED PROPERTY MGMT.
3435 10TH ST. N#201
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

C/O INTERGRATED PROPERTY MGMT.
3435 10TH ST. N#201
NAPLES, FL 34103

New Mailing Address:

FEI Number: 03-0526741 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INTEGRATED PROPERTY MGMT.
3435 10TH ST N. #201
NAPLES, FL 34103 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: P ( ) Delete
Name: CULKAR, JAMES R
Address: 16076 PARQUE LN
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: KING, TERRENCE
Address: 15992 DELAROSA LANE
City-St-Zip: NAPLES, FL 34110

Title: ST ( ) Delete
Name: SMALLEY, GREGORY
Address: 15827 DALASOL LN
City-St-Zip: NAPLES, FL 34110

Title: DVP ( ) Delete
Name: SALMONS, KELLEY
Address: 16112 PARQUE LANE
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: SCHULZ, CART
Address: 16208 PARQUE LANE
City-St-Zip: NAPLES, FL 34110

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

Title: D (X) Change ( ) Addition
Name: SCHULZ, CARL
Address: 16208 PARQUE LANE
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAMES R CULKAR P 01/29/2009

Electronic Signature of Signing Officer or Director — Date