

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000008111						FILED 08 JUL 30 AM 10:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name LA FIRENZA CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 4131 GULF OF MEXICO DR LONGBOAT KEY, FL 34228			Mailing Address 5100 TAMiami TR. N STE. 131 NAPLES, FL 34103				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent CONSOER, GEORGE L JR 1825 HENDRY ST FT MYERS, FL 33901				7. Name and Address of New Registered Agent Name BETH CALLANS MANAGEMENT INC. Street Address (P.O. Box Number is Not Acceptable) 595 BAY ISLES ROAD SUITE 200 City LONGBOAT KEY FL Zip Code 34228			
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>Beth Callans</u> BETH CALLANS				DATE 6/23/2008			
Amended AR is \$61.25				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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMAR, JAMES G 5100 TAMiami TR. N, STE 131 NAPLES, FL 34103 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ☐ Change ☒ Addition JON BERG 40 BETH CALLANS MANAGEMENT 595 Bay Isles Road Suite 200 Longboat Key FL 34228				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIELDS, THOMAS M 5100 TAMiami TR. N, STE 131 NAPLES, FL 34103 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ☐ Change ☒ Addition RICK MAPLES 40 BETH CALLANS MGMT. 595 Bay Isles Road Suite 200 LONGBOAT KEY, FL 34228				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIOFFI, CHRISTOPHER M 5100 TAMiami TR. N, STE 131 NAPLES, FL 34103 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ☐ Change ☒ Addition CHRIS REEDER 595 BAY ISLES ROAD SUITE 200 LONGBOAT KEY, FL 34228				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000133965510 08/05/08--01004--006 **\$1.25				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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 addressee, with all other like empowered.							
SIGNATURE: <u>Jonathan M. BERG</u>				DATE 7-23-08 DAYTIME PHONE # 201 745-7235			