2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# N03000008353

Entity Name: FRANGIPANI AG COMMUNITY CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

512 FRANGIPANI AVE.
NAPLES, FL 34117

New Principal Place of Business:

Current Mailing Address:

210 FRANGIPANI AVE.
NAPLES, FL 34117

New Mailing Address:

512 FRANGIPANI AVE.
NAPLES, FL 34117

FEI Number: 56-2395404 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITBECK, PEGGY E
1450 KAPOK ST
NAPLES, FL 34117 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: PD ( ) Delete
Name: BOWER, GREG
Address: 1785 DOVE TREE ST
City-St-Zip: NAPLES, FL 34117

Title: VD ( ) Delete
Name: STARACE, LOU
Address: 1150 PHEASANT ROOST TRAIL
City-St-Zip: NAPLES, FL 34117

Title: SD ( ) Delete
Name: NANCE, TIMOTHY L
Address: 210 FRANGIPANI AVE.
City-St-Zip: NAPLES, FL 34117

Title: TD ( ) Delete
Name: WHITBECK, PEGGY E
Address: 1450 KAPOK ST
City-St-Zip: NAPLES, FL 34117

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: SMITH, RICHARD
Address: 380 FRANGIPANI AVE.
City-St-Zip: NAPLES, FL 34117

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

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

Title: D ( ) Change (X) Addition
Name: NANCE, GAYLE
Address: 210 FRANGIPANI AVE
City-St-Zip: NAPLES, FL 34117

Title: D ( ) Change (X) Addition
Name: BOWER, JANNIE
Address: 1785 DOVE TREE ST.
City-St-Zip: NAPLES, FL 34117

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: TIMOTHY NANCE SD 04/09/2008

Electronic Signature of Signing Officer or Director — Date