

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002246

FILED
Mar 05, 2009
Secretary of State

Entity Name: AVELLINO ISLES CONDOMINIUM ASSOCIATION INC

Current Principal Place of Business:

75 VINEYARDS BLVD.
NAPLES, FL 34119

New Principal Place of Business:

75 VINEYARDS BLVD.
THIRD FLOOR
NAPLES, FL 34119 US

Current Mailing Address:

75 VINEYARDS BLVD.
NAPLES, FL 34119

New Mailing Address:

75 VINEYARDS BLVD.
THIRD FLOOR
NAPLES, FL 34119 US

FEI Number: 14-1906478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PMP OF SW FLORIDA, INC
75 VINEYARDS BLVD.
THIRD FLOOR
NAPLES, FL 34119 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: SAADEH, MICHEL
Address: 75 VINEYARDS BLVD. 5TH FL
City-St-Zip: NAPLES, FL 34119 US

Title: VST () Delete
Name: ROGERS, ROBERT
Address: 75 AVINEYARDS BLVD. 5TH FL
City-St-Zip: NAPLES, FL 34119 US

Title: D () Delete
Name: PROCACCI, MICHAEL
Address: 75 VINEYARDS BLVD. 5TH FL
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: PROCACCI, MICHAEL
Address: 75 VINEYARDS BLVD. 5TH FL
City-St-Zip: NAPLES, FL 34119 US

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: MICHEL SAADEH

P

03/05/2009

Electronic Signature of Signing Officer or Director

Date