2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N04000005521

Entity Name: MILANO RECREATION ASSOCIATION, INC.

Current Principal Place of Business:

MARCELLO CIRCLE
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

COLLIER FINANCIAL, INC
4985 TAMIAMI TRL E
NAPLES, FL 34113 US

New Mailing Address:

FEI Number: 20-2880829 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARK ADAMCZYK, PECK & PECK
5801 PELICAN BAY BLVD
103
NAPLES, FL 34108 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: DP ( ) Delete
Name: BOBZIEN, NICK
Address: 15491 MARCELLO CIRCLE
City-St-Zip: NAPLES, FL 34110

Title: DST ( ) Delete
Name: PIAZZA, MIKE
Address: 15621 MARCELLO CIRCLE
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: GOMEZ, DAN
Address: 15999 CALERA LANE
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: SUTTON, JUSTIN
Address: 16130 CALERA LANE
City-St-Zip: NAPLES, FL 34110

Title: VD ( ) Delete
Name: JENNINGS, ROBERT
Address: 15659 MARCELLO CIRCLE
City-St-Zip: NAPLES, FL 34110 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DST (X) Change ( ) Addition
Name: MATHIESEN, ROBIN
Address: 15772 MARCELLO CIRCLE
City-St-Zip: NAPLES, FL 34110

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

Title: D (X) Change ( ) Addition
Name: CONFORTI, JOE
Address: 15902 MARCELLO CIRCLE
City-St-Zip: NAPLES, FL 34110

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

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: NICK BOBZIEN PD 04/15/2009
Electronic Signature of Signing Officer or Director — Date