

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007154

FILED
Apr 24, 2009
Secretary of State

Entity Name: RAFFIA PRESERVE MASTER PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

27599 RIVERVIEW CENTER BLVD #205
BONITA SPRINGS, FL 34134

New Principal Place of Business:

3570 ENTERPRISE AVENUE
SUITE 100
NAPLES, FL 34104

Current Mailing Address:

27599 RIVERVIEW CENTER BLVD #205
BONITA SPRINGS, FL 34134

New Mailing Address:

3570 ENTERPRISE AVENUE
SUITE 100
NAPLES, FL 34104

FEI Number: 57-1211642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YITZHAK, RAHAMIM
4206 ENTERPRISE AVENUE #A7
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

YITZHAK, RAHAMIM
3570 ENTERPRISE AVENUE
SUITE 100
NAPLES, FL 34104 US

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:

04/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ELIAS, OVADIA R
Address: 27599 RIVERVIEW CENTER BLVD. #205
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DV () Delete
Name: YITZHAK, RAMI
Address: 27599 RIVERVIEW CENTER BLVD #205
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DTS () Delete
Name: BECKNER, JOAN E
Address: 27599 RIVERVIEW CENTER BLVD #205
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ELIAS, OVADIA R
Address: 3570 ENTERPRISE AVENUE #100
City-St-Zip: NAPLES, FL 34104

Title: DV (X) Change () Addition
Name: YITZHAK, RAMI
Address: 3570 ENTERPRISE AVENUE #100
City-St-Zip: NAPLES, FL 34104

Title: DTS (X) Change () Addition
Name: BECKNER, JOAN E
Address: 3570 ENTERPRISE AVENUE #100
City-St-Zip: NAPLES, FL 34104

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: RONI ELIAS

DP

04/24/2009

Electronic Signature of Signing Officer or Director

Date