


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90002 035 ****61.25

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DOCUMENT # N04000009592			
1. Entity Name 1820 NAPOLI LUXURY CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2601 SOUTH BAYSHORE DRIVE STE 200 MIAMI, FL 33133		Mailing Address 2601 SOUTH BAYSHORE DRIVE STE 200 MIAMI, FL 33133	
2. Principal Place of Business 1820 Florida Club Dr.		3. Mailing Address 396 Alhambra Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 230	
City & State Naples, FL		City & State Coral Gables, FL	
Zip 34112	Country USA	Zip 33134	Country Miami-Dade
6. Name and Address of Current Registered Agent SHEAR, DAVID FIELDSTONE LESTER SHEAR & DONBERG LLP 201 ALHAMBRA CIRCLE STE 601 CORAL GABLES, FL 33134		4. FEI Number 20-1759425 Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	DP MARTINEZ, ALFRED 2601 SOUTH BAYSHORE DRIVE STE 200 MIAMI, FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ronald Taylor 1820 Florida Club Circle # 2109 Naples, FL 34112 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ESTRADA, JENNIFER 2601 SOUTH BAYSHORE DRIVE STE 200 MIAMI, FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Anna NERO 20531 Lakeshore Blvd. Euclid, OH 44123 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CACHINERO, MICHELLE 2601 SOUTH BAYSHORE DRIVE STE 200 MIAMI, FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Yolanda Montes 14224 SW 111 Lane Miami, FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 address, with all other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		July 21, 2006 (305) 476-9188 Date Daytime Phone #	