

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90005 047 \*\*\*\*61.25

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <b>DOCUMENT # N04000009600</b>  |   |   |  |   |  |
| <b>1. Entity Name</b><br>1810 NAPOLI LUXURY CONDOMINIUM ASSOCIATION, INC.   |   |   |  |   |  |
| <b>Principal Place of Business</b><br>2601 SOUTH BAYSHORE DRIVE<br>SUITE 200<br>MIAMI, FL 33133   |   |   | <b>Mailing Address</b><br>2601 SOUTH BAYSHORE DRIVE<br>SUITE 200<br>MIAMI, FL 33133  |   |  |
| <b>50023504</b>   |   |   |  |   |  |
| <b>2. Principal Place of Business</b><br>1810 Florida Club Drive  |   | <b>3. Mailing Address</b><br>396 Alhambra Circle  |  |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.<br>Suite 230  |  | 05052006    Chg-NP    CR2E037 (4/06)  |  |
| <b>City &amp; State</b><br>Naples, FL   |   | <b>City &amp; State</b><br>Coral Gables, FL   |  | <b>4. FEI Number</b><br>20-1759391  |  |
| <b>Zip</b><br>34112   |   | <b>Country</b><br>USA   |  | <b>Applied For</b><br><input type="checkbox"/> Not Applicable   |  |
| <b>Zip</b><br>33134   |   | <b>Country</b><br>Miami-Dade  |  | <b>5. Certificate or Status Desired</b> <input type="checkbox"/> <b>\$0.75 Additional Fee Required</b>      |  |
| <b>6. Name and Address of Current Registered Agent</b><br>SHEAR, DAVID<br>FIELDSTONE LESTER SHEAR & DENBERG, LLP<br>201 ALHAMBRA CIRCLE, SUITE 601<br>CORAL GABLES, FL 33134  |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL    Zip Code |   |  |
| <b>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.</b>  |   |   |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____  |   |   |  |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by September 6, 2006</b>   |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to</b><br><b>Florida Department of State</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |
| <b>TITLE</b><br>PD  | <b>NAME</b><br>MARTINEZ, ALFRED <input checked="" type="checkbox"/> Delete    |   | <b>TITLE</b><br>P  | <b>NAME</b><br>Alex Gomez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| <b>STREET ADDRESS</b><br>2601 SOUTH BAYSHORE DRIVE, SUITE 200   | <b>CITY-ST-ZIP</b><br>MIAMI, FL 33133   |   | <b>STREET ADDRESS</b><br>1810 Florida Club Circle #1212  | <b>CITY-ST-ZIP</b><br>Naples, FL 34112  |  |
| <b>TITLE</b><br>VSD   | <b>NAME</b><br>ESTRADA, JENNIFER <input checked="" type="checkbox"/> Delete   |   | <b>TITLE</b><br>T  | <b>NAME</b><br>Denise Clarkson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>STREET ADDRESS</b><br>2601 SOUTH BAYSHORE DRIVE, SUITE 200   | <b>CITY-ST-ZIP</b><br>MIAMI, FL 33133   |   | <b>STREET ADDRESS</b><br>41836 Canterbury Dr   | <b>CITY-ST-ZIP</b><br>NDVI, MI 48377  |  |
| <b>TITLE</b><br>TD  | <b>NAME</b><br>CACHINERO, MICHELLE <input checked="" type="checkbox"/> Delete |   | <b>TITLE</b><br>S  | <b>NAME</b><br>Cheryl Gegorek <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>STREET ADDRESS</b><br>2601 SOUTH BAYSHORE DRIVE, SUITE 200   | <b>CITY-ST-ZIP</b><br>MIAMI, FL 33133   |   | <b>STREET ADDRESS</b><br>151 Shore Dr  | <b>CITY-ST-ZIP</b><br>Sugarloaf, FL 33042   |  |
| <b>TITLE</b><br>  | <b>NAME</b><br><input type="checkbox"/> Delete                                |   | <b>TITLE</b><br>   | <b>NAME</b><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| <b>STREET ADDRESS</b><br>   | <b>CITY-ST-ZIP</b><br>  |   | <b>STREET ADDRESS</b><br>  | <b>CITY-ST-ZIP</b><br>  |  |
| <b>TITLE</b><br>  | <b>NAME</b><br><input type="checkbox"/> Delete                                |   | <b>TITLE</b><br>   | <b>NAME</b><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| <b>STREET ADDRESS</b><br>   | <b>CITY-ST-ZIP</b><br>  |   | <b>STREET ADDRESS</b><br>  | <b>CITY-ST-ZIP</b><br>  |  |
| <b>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.</b> |   |   |  |   |  |
| <b>SIGNATURE:</b> _____   |   |   | 6-2606 (239) 404-9479  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |   | Date    Daytime Phone #  |   |  |