
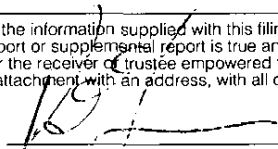


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Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90007 018 ****61.25

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N04000009601			
1. Entity Name 1865 NAPOLI LUXURY CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2601 SOUTH BAYSHORE DRIVE SUITE 200 MIAMI, FL 33133		Mailing Address 2601 SOUTH BAYSHORE DRIVE SUITE 200 MIAMI, FL 33133	
2. Principal Place of Business 1865 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
4. FEI Number 20-1759945		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHEAR, DAVID FIELDSTONE LESTER SHEAR & DENBERG, LLP 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134		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 PD NAME MARTINEZ, ALFRED STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE, SUITE 200 CITY-ST-ZIP MIAMI, FL 33133	<input checked="" type="checkbox"/> Delete	TITLE P NAME John Valentini STREET ADDRESS 794 Pheasant Run Ct. CITY-ST-ZIP Port Orange, FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VSD NAME ESTRADA, JENNIFER STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE, SUITE 200 CITY-ST-ZIP MIAMI, FL 33133	<input checked="" type="checkbox"/> Delete	TITLE T NAME Doug Parker STREET ADDRESS 5409 Foxhound Dr. CITY-ST-ZIP Naples, FL 34112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME CACHINERO, MICHELLE STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE, SUITE 200 CITY-ST-ZIP MIAMI, FL 33133	<input checked="" type="checkbox"/> Delete	TITLE S NAME Radio Ferrari STREET ADDRESS 28 Valley Wood Rd. CITY-ST-ZIP Cos Cob, CT 06807	<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: 		6/13/06 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			