


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90009 045 ****70.00

| | | | |
|--|--|---|---|
| DOCUMENT # N05000002986 1. Entity Name AVIANO AT NAPLES HOMEOWNERS ASSOCIATION, INC. | |  | |
| Principal Place of Business C/O TOLL BROTHERS INC 28341 SOUTH TAMiami TRAIL SUITE 4 BONITA SPRINGS, FL 34134 US | | Mailing Address C/O TOLL BROTHERS INC 28341 SOUTH TAMiami TRAIL SUITE 4 BONITA SPRINGS, FL 34134 US | |
| 2. Principal PI Cardinal Management Group of South Florida, Inc. 5067 Tamiami Trail East Naples, FL 34113 | | 4. FEI Number 20-3860586 | |
| Suite, Apt. City & State Zip Country | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | 01192007 Chg-NP CR2E037 (12/06) | |
| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 HAINS, GARY 28341 SOUTH TAMiami TRAIL SUITE 4 BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES KEN HURTYACRE 28341 S. Tamiami Trail #4 Bonita Springs FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV HERNANDEZ, DAVID 28341 SOUTH TAMiami TRAIL SUITE 4 BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP David Torres 28341 S. Tamiami Trail #4 Bonita Springs FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST BOCZULACK, RYAN 28341 SOUTH TAMiami TRAIL SUITE 4 BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY Michael Charboni 28341 S. Tamiami Trail #4 Bonita Springs, FL 34134 <input type="checkbox"/> Change <input checked="" 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 |
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| 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: _____ | | Date 4-25-07 Daytime Phone # 239 774-0723 | |