

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003448

**FILED
Apr 29, 2007
Secretary of State**

Entity Name: RESIDENCES OF OLD NAPLES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

616 5TH AVE S
NAPLES, FL 34102

New Principal Place of Business:

301 3RD AVENUE SOUTH
NAPLES, FL 34102

Current Mailing Address:

1929 IMPERIAL GOLF COURSE BLVD.
NAPLES, FL 34110

New Mailing Address:

FEI Number: 20-2646396 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WAKELAND, DAVID F JR.
1929 IMPERIAL GOLF COURSE BLVD.
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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:

_____ Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ABU, ANTHONY
Address: 378 DAVIS STREET
City-St-Zip: NORTHBOROUGH, MA 01537

Title: D () Delete
Name: DUPONT, RUTH
Address: 301 3RD AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: GREENLOE INVESTMENTS, , LLC
Address: 4425 W. HARRISON
City-St-Zip: HILLSIDE, IL 60162

Title: D () Delete
Name: REIS, JAMES
Address: 705 ALENE ROAD
City-St-Zip: AMBLER, PA 19002

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANTHONY ABU

D

04/29/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date