

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003448

FILED  
Apr 28, 2009  
Secretary of State

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

**Current Principal Place of Business:**

301 3RD AVENUE SOUTH  
NAPLES, FL 34102

**New Principal Place of Business:**

**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

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date