


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 19, 2008 8:00 am
Secretary of State


05-19-2008 90039 005 ****70.00

DOCUMENT # N05000004641 1. Entity Name NAPLES BAY RESORT WEST PARCEL MASTER PROPERTY OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 3530 KRAFT ROAD SUITE 300 NAPLES, FL 34102	Mailing Address 3530 KRAFT ROAD SUITE 300 NAPLES, FL 34102
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DO NOT WRITE IN THIS SPACE

66014414



02122008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4759288	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HASTINGS, CHERYL L
GRANT, FRIDKIN, PEARSON ET AL, P.A.
5551 RIDGEWOOD DRIVE, SUITE 501
NAPLES, FL 34108

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YOUNG, ROY A 3530 KRAFT ROAD, SUITE 300 NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARROLL, PETER 3530 KRAFT ROAD, SUITE 300 NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, CHARLES 3530 KRAFT ROAD, SUITE 300 NAPLES, FL 34105
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  061608 2395305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #