

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004641

FILED  
Apr 12, 2010  
Secretary of State

**Entity Name:** NAPLES BAY RESORT WEST PARCEL MASTER PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

3530 KRAFT ROAD  
SUITE 204  
NAPLES, FL 34105

**New Principal Place of Business:**

**Current Mailing Address:**

3530 KRAFT ROAD  
SUITE 204  
NAPLES, FL 34105

**New Mailing Address:**

1500 5TH AVENUE S  
NAPLES, FL 34102

**FEI Number:** 20-4759288

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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 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: P  
Name: MACIVOR, THOMAS  
Address: 3530 KRAFT ROAD, SUITE 204  
City-St-Zip: NAPLES, FL 34105

Title: V  
Name: ZAND, KAMBIZ  
Address: 995 SANDPIPER STREET #204  
City-St-Zip: NAPLES, FL 34102

Title: T  
Name: DELGADO, FRANK  
Address: 3530 KRAFT ROAD, SUITE 204  
City-St-Zip: NAPLES, FL 34105

Title: S  
Name: HENDRICKS, BRIAN  
Address: 3530 KRAFT ROAD STE 204  
City-St-Zip: NAPLES, FL 34105

Title: D  
Name: CRIST, PETER  
Address: 306 D GRANT  
City-St-Zip: HINSDALE, IL 60521

I hereby 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 all other like empowered.

SIGNATURE: THOMAS MACIVOR

P

04/12/2010

Electronic Signature of Signing Officer or Director

Date