

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007725

FILED
Apr 28, 2008
Secretary of State

Entity Name: MILANO SECTION II RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O INTEGRATES PROPERTY MGMT.
3435 - 10TH STREET N., #201
NAPLES, FL 34103

New Principal Place of Business:

MARCELLO CIRCLE
NAPLES, FL 34110

Current Mailing Address:

C/O INTEGRATES PROPERTY MGMT.
3435 - 10TH STREET N., #201
NAPLES, FL 34103

New Mailing Address:

COLLIER FINANCIAL
4985 TAMiami Trl E
NAPLES, FL 34113

FEI Number: 20-3418409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMCZYK, PECK & PECK
5801 PELICAN BAY BLVD 103
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: DP () Delete
Name: BOBZEIN, NICK
Address: 15491 MARCELLO CIRCLE
City-St-Zip: NAPLES, FL 34110

Title: DV () Delete
Name: ADAMCZYK, MARK
Address: 15761 MARCELLO CIRCLE
City-St-Zip: NAPLES, FL 34110

Title: DST (X) Delete
Name: MATHIESEN, ROBIN
Address: 15772 MARCELLO CIRCLE
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVST (X) Change () Addition
Name: ADAMCZYK, MARK
Address: 15761 MARCELLO CIRCLE
City-St-Zip: NAPLES, FL 34110

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: NICK BOBZIEN

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date