2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N05000007725

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

Current Principal Place of Business:

MARCELLO CIRCLE
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

COLLIER FINANCIAL
4985 TAMIAMI TRL E
NAPLES, FL 34113

New Mailing Address:

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TSD (X) Change ( ) Addition
Name: BOBZEIN, NICK
Address: 15491 MARCELLO CIRCLE
City-St-Zip: NAPLES, FL 34110

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

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

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: ROBIN MATHIESEN PD 04/15/2009

Electronic Signature of Signing Officer or Director — Date