

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009350

FILED  
Apr 23, 2009  
Secretary of State

**Entity Name:** LUCAYA CAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

544 1ST AVENUE SOUTH  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

745 12TH AVE S  
AA  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:** 20-3556269

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOORE PROPERTY MGMT  
745 12TH AVE S. AA  
NAPLES, FL 34102 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: BERCOVICI, MARTIN  
Address: 360 11TH AVE. S  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: DIPIETRO, DONALD  
Address: 2895 ST. BARNABAS CT.  
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete  
Name: CASAGRANDE, MS.  
Address: 380 11TH AVE. S  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BERCOVICI, MARTIN  
Address: 360 11TH AVE. S  
City-St-Zip: NAPLES, FL 34102

Title: STD (X) Change ( ) Addition  
Name: DIPIETRO, DONALD  
Address: 2895 ST. BARNABAS CT.  
City-St-Zip: NAPLES, FL 34105

Title: VPD (X) Change ( ) Addition  
Name: CASAGRANDE, MS.  
Address: 380 11TH AVE. S  
City-St-Zip: NAPLES, FL 34102

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: MARTY BERCOVICI

P

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date