

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011301

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** FIRANO AT NAPLES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

CARDINAL MANAGEMENT GROUP OF SOUTH FL.  
5067 TAMIAMI TRAIL EAST  
NAPLES, FL 34113

**New Principal Place of Business:**

**Current Mailing Address:**

CARDINAL MANAGEMENT GROUP OF SOUTH FL.  
5067 TAMIAMI TRAIL EAST  
NAPLES, FL 34113

**New Mailing Address:**

**FEI Number:** 20-3797213

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 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: STD ( ) Delete  
Name: BOISSELLE, CHAD  
Address: 28341 SOUTH TAMIAMI TRIAL, SUITE 4  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: V ( ) Delete  
Name: HAINS, GARY  
Address: 28341 SOUTH TAMIAMI TRIAL, SUITE 4  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: ST ( ) Delete  
Name: MANNERS, JIM  
Address: 28341 S TAMIAMI TRAIL STE 4  
City-St-Zip: BONITA SPRINGS, FL 34134

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

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

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

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: GARY HAINS

V

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date