## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000004547

FILED Feb 08, 2007 Secretary of State

Entity Name: THE TWO HUNDRED BUILDING ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6161 HIDDEN OAKS LN 3135 SANTORINI CT. NAPLES, FL 34119 NAPLES, FL 34119

Current Mailing Address: New Mailing Address:

6161 HIDDEN OAKS LN P.O. BOX 990222 NAPLES, FL 34119 P.O. BOX 990222 NAPLES, FL 34116

FEI Number: 20-5003642 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SIESKY, JAMES H

1000 TAMIAMI TRAIL NORTH

STE 201

NAPLES, FL 341025481 US

SDA MANAGEMENT SERVICES LLC

3135 SANTORINI CT.

NAPLES, FL 34119 US

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: STEVE DEANGELIS 02/08/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PRES (X) Change () Addition Name: WALKER, ROBERT C Name: DININO, JOHN

 Address:
 2171 OAKS BLVD
 Address:
 3155 SANTORINI CT.

 City-St-Zip:
 NAPLES, FL 34117
 City-St-Zip:
 NAPLES, FL 34119

Title: VPD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 WALKER, DAVID C
 Name:

 Address:
 6161 HIDDEN OAKS LN
 Address:

 City-St-Zip:
 NAPLES, FL 34119
 City-St-Zip:

Title: SD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 WALKER, JUDITH E
 Name:

 Address:
 2171 OAKS BLVD
 Address:

 City-St-Zip:
 NAPLES, FL 34117
 City-St-Zip:

Title: TD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 WALKER, TRACI
 Name:

 Address:
 6161 HIDDEN OAKS LN
 Address:

 City-St-Zip:
 NAPLES, FL 34119
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN DININO PRES 02/08/2007