

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005282

FILED
Apr 30, 2007
Secretary of State

Entity Name: LEMURIA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7100 LEMURIA CIRCLE
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

7100 LEMURIA CIRCLE
NAPLES, FL 34109

New Mailing Address:

745 12TH AVE. S
AA
NAPLES, FL 34102

FEI Number: 20-4889524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C. PERRY PEEPLES
5551 RIDGEWOOD DRIVE
SUITE 101
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

MOORE PROPERTY MANAGEMENT, LLC
745 12TH AVE. S
AA
NAPLES, FL 34102 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: GRAHAM NORCOMBE

04/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SALCE, ANTHONY H JR.
Address: 7100 LEMURIA CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: V () Delete
Name: MALAMPHY, GERALD
Address: 7100 LEMURIA CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: T () Delete
Name: MAZZARELLA, DONALD
Address: 7100 LEMURIA CIRCLE
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: SALVAGIO, RONALD
Address: 7108-202 LEMURIA CIRCLE
City-St-Zip: NAPLES, FL 34109

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: ANTHONY SALCE

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date