

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005290

FILED
Jun 02, 2008
Secretary of State

Entity Name: PRESTWICK PLACE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

4501 TAMiami TRAIL NORTH, SUITE 300
NAPLES, FL 34103

New Principal Place of Business:

1719 TRADE CENTER WAY
#4
NAPLES, FL 34109

Current Mailing Address:

C/O STOCK COMMUNITY SERVICES, LLC
2647 PROFESSIONAL CIRCLE, SUITE 1213
NAPLES, FL 34119

New Mailing Address:

C/O SANDCASTLE COMMUNITY MANAGEMENT INC.
P.O. BOX 8478
NAPLES, FL 34101-847

FEI Number: 20-8115623 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIVEY, BLAINE
4501 TAMiami TRAIL NORTH, SUITE 300
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

DE ARMAS, EDUARDO
1719 TRADE CENTER WAY
#4
NAPLES, FL 34109 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: EDUARDO DE ARMAS

06/02/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SPIVEY, BLAINE
Address: 4501 TAMiami TRAIL NORTH, SUITE 300
City-St-Zip: NAPLES, FL 34103

Title: VD () Delete
Name: HOULDSWORTH, SANDY
Address: 4501 TAMiami TRAIL NORTH, SUITE 300
City-St-Zip: NAPLES, FL 34103

Title: STD () Delete
Name: SCHECHINGER, VALERIE
Address: 4501 TAMiami TRAIL NORTH, SUITE 300
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ST. JAMES, ELIZABETH
Address: 6036 DOGLED DRIVE
City-St-Zip: NAPLES, FL 34113

Title: VD (X) Change () Addition
Name: MILLER, ALFRED
Address: 6177 DOGLEG DRIVE
City-St-Zip: NAPLES, FL 34113

Title: STD (X) Change () Addition
Name: CLEARY, THOMAS
Address: 6064 DOGLEG DRIVE
City-St-Zip: NAPLES, FL 34113

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: ELIZABETH ST. JAMES

PD

06/02/2008

Electronic Signature of Signing Officer or Director

Date