2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# N06000005290

Entity Name: PRESTWICK PLACE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

1719 TRADE CENTER WAY
#4
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-8115623 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DE ARMAS, EDUARDO
1719 TRADE CENTER WAY
#4
NAPLES, FL 34109 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: PD ( ) Delete
Name: ST. JAMES, ELIZABETH
Address: 6036 DOGLED DRIVE
City-St-Zip: NAPLES, FL 34113

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: YAKOLA, BLAIRE W
Address: 6060 DOGLEG DRIVE
City-St-Zip: NAPLES, FL 34113

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: ELIZABETH ST. JAMES PD 02/05/2009

Electronic Signature of Signing Officer or Director — Date