

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005387

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** THE RESIDENCES OF LA PIAZZA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2600 GOLDEN GATE PKWY.  
NAPLES, FL 34105

**New Principal Place of Business:**

**Current Mailing Address:**

2600 GOLDEN GATE PKWY.  
NAPLES, FL 34105

**New Mailing Address:**

FEI Number: 20-8782825      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:**

MARINELLI, PAUL J  
2600 GOLDEN GATE PKWY.  
NAPLES, FL 34105      US

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

BOAZ, BRADLEY A  
2600 GOLDEN GATE PKWY.  
NAPLES, FL 34105      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: BRADLEY A BOAZ

05/01/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: GABLE, BLAKE  
Address: 2600 GOLDEN GATE PKWY.  
City-St-Zip: NAPLES, FL 34105

Title: D      ( ) Delete  
Name: GOGUEN, BRIAN  
Address: 2600 GOLDEN GATE PKWY.  
City-St-Zip: NAPLES, FL 34105

Title: D      ( ) Delete  
Name: BAIRD, DOUGLAS E  
Address: 2600 GOLDEN GATE PKWY.  
City-St-Zip: NAPLES, FL 34105

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

Title: D      (X) Change ( ) Addition  
Name: GABLE, R. BLAKE  
Address: 2600 GOLDEN GATE PKWY.  
City-St-Zip: NAPLES, FL 34105

Title: D      (X) Change ( ) Addition  
Name: BAIRD, DOUGLAS E  
Address: 2600 GOLDEN GATE PKWY.  
City-St-Zip: NAPLES, FL 34105

Title: D      (X) Change ( ) Addition  
Name: RONEY, PAUL  
Address: 5050 AVE MARIA BLVD., SUITE 327  
City-St-Zip: AVE MARIA, FL 341429505

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: DOUGLAS E BAIRD

D

05/01/2008

Electronic Signature of Signing Officer or Director

Date