2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N06000009626

Entity Name: NAPLES 701 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

12631 WESTLINKS DR
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

3531 PLANTATION WAY
NAPLES, FL 34104

New Mailing Address:

C/O PCMG
PO BOX 60195
FORT MYERS, FL 33906

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARNETT, LISA H
CHEFFY PASSIDOMO WILSON & JOHNSON
821 FIFTH AVE SOUTH SUITE 201
NAPLES, FL 34102 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: RESTIFO, PHILIP D
Address: 263 TRESSER BLVD SUITE 1204
City-St-Zip: STAMFORD, CT 06901

Title: VD ( ) Delete
Name: COSBY, ALAN R
Address: 263 TRESSER BLVD SUITE 1204
City-St-Zip: STAMFORD, CT 06901

Title: STD ( ) Delete
Name: FOERTSCH, ANDREA P
Address: 263 TRESSER BLVD SUITE 1204
City-St-Zip: STAMFORD, CT 06901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: KIMBERLYANN HOLBROOK ASST 03/20/2009

Electronic Signature of Signing Officer or Director — Date