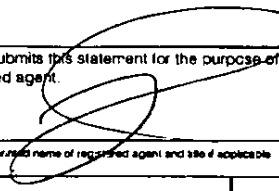
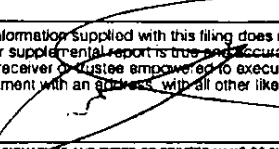


FILED
Jun 18, 2007 8:00 am
Secretary of State

04-19-2007 90195 011 ****61.25

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N06000011940			
1. Entity Name PIACERE AT TREVISO BAY NEIGHBORHOOD ASSOCIATION, INC.			
Principal Place of Business % MATTHEW L. GRABINSKI, ESQ. 4001 TAMiami TRAIL NORTH, SUITE 300 NAPLES, FL 34103		Mailing Address % MATTHEW L. GRABINSKI, ESQ. 4001 TAMiami TRAIL NORTH, SUITE 300 NAPLES, FL 34103	
2. Principal Place of Business - No P.O. Box # 14895 Bellezza Ln Suite, Apt. #, etc.		3. Mailing Address 14895 Bellezza Ln Suite, Apt. #, etc.	
City & State Naples FL		City & State Naples, FL	
Zip 34110		Country US	
4. FEI Number Applied For		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GRABINSKI, MATTHEW L ESQ. GOODLETTE, COLEMAN & JOHNSON, P.A. 4001 TAMiami TRAIL NORTH, SUITE 300 NAPLES, FL 34103		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUBINTON, JON 14895 BELLEZZA LANE NAPLES, FL 34110 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AULT, DAN 14895 BELLEZZA LANE NAPLES, FL 34110 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CRABTREE, GAIL 14895 BELLEZZA LANE NAPLES, FL 34110 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Crabtree, Gayle
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			