2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 03, 2009
Secretary of State

DOCUMENT# N08000009509

Entity Name: THE SHOPPES AT NAPLES BAY RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3530 KRAFT RD., SUITE 204
NAPLES, FL 34105

New Principal Place of Business:

Current Mailing Address:

3530 KRAFT RD., SUITE 204
NAPLES, FL 34105

New Mailing Address:

FEI Number: 26-4205254 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GFPAC SERVICES, LLC
5551 RIDGEWOOD DR., SUITE 501
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

NOVATT, JEFF M ESQ.
821 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102 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: JEFF M. NOVATT, ESQ. 08/03/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FRAZITTA, ROBERT
Address: 3530 KRAFT RD., SUITE 204
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete
Name: DELGADO, FRANK
Address: 3530 KRAFT RD., SUITE 204
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete
Name: MACIVOR, THOMAS
Address: 3530 KRAFT RD., SUITE 204
City-St-Zip: NAPLES, FL 34105

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: ROBERT FRAZITTA D 08/03/2009
Electronic Signature of Signing Officer or Director Date