

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10247

FILED  
Apr 15, 2005  
Secretary of State

Entity Name: MARWOOD OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5501 RATTLESNAKE HMK DR  
NAPLES, FL 34113 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 9709  
NAPLES, FL 34101 US

**New Mailing Address:**

FEI Number: 59-2563308      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HART, STEPHEN P  
COLLIER FINANCIAL INC  
4985 E TAMiami TRL  
NAPLES, FL 34113 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: BROWN, ALAN  
Address: 5501 RATTLESNAKE HMK #205  
City-St-Zip: NAPLES, FL 34113

Title: TD ( ) Delete  
Name: BROWN, DENISE  
Address: 5501 RATTLESNAKE HMK DR #205  
City-St-Zip: NAPLES, FL 34113

Title: SD ( ) Delete  
Name: FORD, BETTY  
Address: 5501 RATTLESNAKE HMK #201  
City-St-Zip: NAPLES, FL 34113

Title: D ( ) Delete  
Name: HAMILTON, PRISCILLA  
Address: 5501 RATTLESNAKE HMK #101  
City-St-Zip: NAPLES, FL 34113

Title: VPD ( ) Delete  
Name: BRYANT, JEAN  
Address: 5501 RATTLESNAKE HMK #206  
City-St-Zip: NAPLES, FL 34113

**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:

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 for the exemption stated in Section 119.07(3)(i), 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: ALAN BROWN

PD

04/15/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date