## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with a

SIGNATURE:

address, with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 02, 2006 8:00 am Secretary of State DOCUMENT # N20661 05-02-2006 90173 025 \*\*\*\*61.25 1. Entity Name VILLAS OF DEERWOOD AT NAPLES HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 40078484 745 12TH AVE. SOUTH 201-249 DEERWOOD CIRCLE NAPLES, FL 34113 SUITE D NAPLES, FL 33940 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242006 Chq-NP CR2E037 (11/05) City & State City & State 4. FEI Number 65-0089290 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOORE PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 745 12TH AVE SOUTH SUITE D NAPLES, FL 33940 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. Lam familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE TITLE ☐ Change BOATMAN, CLAY NAME NAME 243 DEERWOOD CIR STREET ADDRESS STREET ADDRESS **NAPLES, FL 34113** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MCCRORIE, CHARLES NAME NAME STREET ADDRESS STREET ADDRESS 215 DEERWOOD CIRLCE CITY-ST-ZIP NAPLES, FL 34113 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition PAUL, HEILER NAME NAME STREET ADDRESS 249 DEERWOOD CIRCLE STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34113 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

**FILED** 

4-28-06