2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State
03-27-2006 90258 015 ****61.25

DOCUMENT # N25036

1. Entity Name
NAPLES KEEP CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1040 6TH AVE. NORTH NAPLES, FL 34102	1040 6TH AVE. NORTH NAPLES, FL 34102

400J5-

01072006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
65-0127564
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VALENTINI, VINCENT P
1040 6TH AVENUE, NORTH
NAPLES, FL 34102

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MINADEO, SUZANNE
STREET ADDRESS	144 CYPRESS WAY EAST #6
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	SD
NAME	AYRES, SUZANNE
STREET ADDRESS	132 CYPRESS WAY, EAST #8
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	VPD
NAME	SANCHEZ, JORGE
STREET ADDRESS	132 CYPRESS WAY EAST #2
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	TD Change →
NAME	~~CHOQUETTE, SHELLY~~ Kiesch, Carol
STREET ADDRESS	~~140 CYPRESS WAY E #8~~ 38530 Golfview
CITY-ST-ZIP	~~NAPLES, FL 34110~~ Clinton Township, MI 48038
TITLE	D
NAME	DILUGLIO, JOHN
STREET ADDRESS	138 CYPRESS WAY E. #2
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X Suzanne Minadeo 3-9-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #