## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 10, 2008 8:00 am Secretary of State

03-10-2008 90063 035 \*\*\*\*61.25

DOCUMENT # N25036 NAPLES KEEP CONDOMINIUM ASSOCIATION, INC. 400Aroza Principal Place of Business Mailing Address 1040 6TH AVE. NORTH 1040 6TH AVE. NORTH NAPLES, FL 34102 NAPLES, FL 34102 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02242008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 65-0127564 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VALENTINI, VINCENT P Street Address (P.O. Box Number is Not Acceptable) 1040 6TH AVENUE, NORTH NAPLES, FL 34102 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. "Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE ☐ Delete TITLE ☐ Change Addition NAME MINADEO, SUZANNE NAME 144 CYPRESS WAY EAST #6 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34110 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME AYRES, SUZANNE NAME 132 CYPRESS WAY, EAST #8 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34110 CITY-ST-ZIP VPD ☐ Delete TITLE ☐ Change ■ Addition TITLE SANCHEZ, JORGE NAME NAME 132 CYPRESS WAY EAST #2 STREET ADDRESS STREET ADORESS CITY-ST-ZIP NAPLES, FL 34110 CITY-ST-ZIP Change ☐ Addition D Delete TITLE TITLE TD GLEASON, DAVE NAME NAME 154 CYPRESS WAY E #5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34110 ☐ Delete TITLE TD Change ☐ Addition TITLE DILUGLIO, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 138 CYPRESS WAY E. #2 NAPLES, FL 34110 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 accordate 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 fuster 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 adverse, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR