

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25036

FILED  
Apr 18, 2009  
Secretary of State

Entity Name: NAPLES KEEP CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1040 6TH AVE. NORTH  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

1040 6TH AVE. NORTH  
NAPLES, FL 34102

**New Mailing Address:**

FEI Number: 65-0127564

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VALENTINI, VINCENT P  
1040 6TH AVENUE, NORTH  
NAPLES, FL 34102 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: MINADEO, SUZANNE  
Address: 144 CYPRESS WAY EAST #6  
City-St-Zip: NAPLES, FL 34110

Title: SD ( ) Delete  
Name: AYRES, SUZANNE  
Address: 132 CYPRESS WAY, EAST #8  
City-St-Zip: NAPLES, FL 34110

Title: VPD ( ) Delete  
Name: SANCHEZ, JORGE  
Address: 132 CYPRESS WAY EAST #2  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: GLEASON, DAVE  
Address: 154 CYPRESS WAY E #5  
City-St-Zip: NAPLES, FL 34110

Title: TD ( ) Delete  
Name: DILUGLIO, JOHN  
Address: 138 CYPRESS WAY E. #2  
City-St-Zip: NAPLES, FL 34110

**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 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: VINCENT P. VALENTINI

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

MR.

04/18/2009

\_\_\_\_\_  
Date