2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIG

May 03, 2004 8:00 am **Secretary of State DOCUMENT # N27481** 05-03-2004 90692 021 ****61.25 NAPLES TRACE CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 4120 ENTERPRISE AVE. #110 4120 ENTERPRISE AVE #110 NAPLES, FL 34104 NAPLES, FL 34104 US 3. Mailing Address る40 川北 Aur. N 2. Principal Place of Business SHO MITHALLE N 04292004 Chg-NP CR2E037 (10/03) Applied For City & State 4. FEI Number 65-0166744 Dovida Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Paradine Propert Manashment Street Address (P.O. Box Number is Not Acceptable) KRINSKY PROPERTY MANAGEMENT, INC. 4120 ENTERPRISE AVE #110 NAPLES, FL 34104 JID. 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee Is \$61.25 \$5.00 May Be Due by May 1, 2004 Trust Fund Contribution. Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. MLE ☐ Delete TITLE Change Dina, John DINA, JOHN NAME NAME STREET ADDRESS 7121 TIMBERLAND CIRCLE STREET ADDRESS NAPLES, FL 34109 CITY-ST-ZIP CATY-ST-ZIP TITLE TITLE Delete Change Addition **BUCCIARELL!, CARMINE** NAME NAME STREET ADDRESS STREET ADDRESS 2395 NAPLES TRACE CIR #6 CITY-ST-70 NAPLES, FL 34109 CITY-ST-ZIP RUE Delete TITLE ☐ Change ☐ Addition NAME DOANE, PRISCILLA NAME 2375 NAPLES TRACE CR: #6 -- -STREET ADDRESS STREET ADDRESS NAPLES, FL 34109 CITY-ST-ZIP CITY-ST-ZIP Lamoulla, Vincent Change TITLE Delete TITS F ☐ Addition LAMORELLA, VINCENT NAME NAME STREET ADORESS 2360 NAPLES TRACE CIRCLE #4 STREET ADDRESS **NAPLES, FL 34109** CITY-ST-7P COY-ST-7P Delete TITLE TITLE Change Addition CRANOR, TRISH MAME NAME 2355 NAPLES TRACE CR #2 STREET ADDRESS STREET ADDRESS CITY-ST-7IP NAPLES, FL. 34109 SITY-ST-ZIP TOLE TITLE Delete Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 12. Thereby certify that the information supplied with this filling does not qualify 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 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 of trustee empowered to execute this report as required by Crapter 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.

FILED