


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

A-5 PD CLK - FILED  
APR 04, 2008 08:00 A  
Secretary of State  
DATE - 3/23/08

<b>DOCUMENT # N27481</b>		
1. Entity Name <b>NAPLES TRACE CONDOMINIUM ASSOCIATION, INC.</b>		
Principal Place of Business 1040 6TH AVE N NAPLES, FL 34102 US	Mailing Address 1040 6TH AVE N #9 NAPLES, FL 34102 US	



03162008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0166744	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  VPV PROPERTY MANAGEMENT 1040 6TH AVE N. NAPLES, FL 34102
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

U00000881657  
04/16/08-80010-009 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DINA, JOHN 7121 TIMBERLAND CIRCLE NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP BUCCIARELLI, CARMINE 2395 NAPLES TRACE CIR #6 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOANE, PRISCILLA 2375 NAPLES TRACE CR. #6 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LEWIS, CLAUDIA 2334 NAPLES TRACE CIR #5 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEVELAND, GENE 2350 N TRACE CIR #7 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-17-08  
(239) 261-1161