

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28136

FILED
Apr 15, 2009
Secretary of State

Entity Name: NAPA RIDGE VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S #215
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S #215
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 65-0148243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLEEPER, DAVID R
184 NAPA RIDGE RD E
NAPLES, FL 34119 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: DP () Delete
Name: ROLE, AL
Address: 248 NAPA RIDGE ROUND EAST
City-St-Zip: NAPLES, FL 34119

Title: DT () Delete
Name: SLEEPER, DAVID
Address: 184 NAPA RIDGE RD. E
City-St-Zip: NAPLES, FL 34119

Title: S (X) Delete
Name: LAWSON, CONNIE
Address: 237 NAPA RIDGE RD E
City-St-Zip: NAPLES, FL 34119

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:

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: DAVID SLEEPER

T

04/15/2009

Electronic Signature of Signing Officer or Director

Date