

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28696

FILED  
Apr 26, 2007  
Secretary of State

**Entity Name:** CONTESSA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8111 BAY COLONY DRIVE  
NAPLES, FL 34108 US

**New Principal Place of Business:**

**Current Mailing Address:**

8111 BAY COLONY DRIVE  
NAPLES, FL 34108 US

**New Mailing Address:**

**FEI Number:** 65-0178255

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADAMS, JOSEPH E  
BANK OF AMERICA CENTER  
4501 TAMiami TRAIL NORTH, SUITE 214  
NAPLES, FL 341030000 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: P ( ) Delete  
Name: STAFFORD, JOHN M  
Address: 8111 BAY COLONY DR, #2002  
City-St-Zip: NAPLES, FL 34108

Title: VP ( ) Delete  
Name: JORDAN, JOHN  
Address: 8111 BAY COLONY DR, #603/04  
City-St-Zip: NAPLES, FL 34108

Title: T ( ) Delete  
Name: HANSBERRY, TIMOTHY  
Address: 8111 BAY COLONY DR, #403  
City-St-Zip: NAPLES, FL 34108

Title: S ( ) Delete  
Name: PORTER, RONALD  
Address: 8111 BAY COLONY DR #1401/1402  
City-St-Zip: NAPLES, FL 34108

Title: D ( ) Delete  
Name: AHENFELTER, JOHN  
Address: 8111 BAY COLONY DR #1703  
City-St-Zip: NAPLES, FL 34108

**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: JOHN M. STAFFORD

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date