2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N29018

1. Entity Name



FILED Apr 29, 2004 8:00 am Secretary of State 04-29-2004 90261 024 ****61.25

	CHEN ON THE GREEN AS	SSOCIATION, INC.						
Principal Place of Business 1044 CASTELLO DRIVE SUITE 206 NAPLES, FL 33940		Mailing Address 1044 CASTELLO DRIVE SUITE 206 NAPLES, FL 34103 US		 	94(073178 ************************************	BIATI BIBII	HALAİ HATI
2. Principal Place of Business 3.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		ng-NP	CR2E037 (1	0/03)	
City & State		City & State	City & State		6			plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of S	atus Desired		75 Addi Required	
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New R	egistered Agen	1	`
COUTUM			Name					
SOUTHWEST PROPERTY MANAGEMENT CO 1044 CASTELLO DRIVE		INT CORP.			Not Acceptable)		
SUITE 206 NAPLES, F					 	****		
			City	<u>,</u>		FL 2	ip Code	
	named entity submits this statement fi ions of registered agent.	or the purpose of changing its r	egistered office or regi	istered agent, or both, in	the State of Flo	orida. I am famili	ar with, a	and accept
SIGNATURE .	Signature, typed or printed name of registered agen	and title if applicable. (NOTE:	Registered Agent signature rec	quired when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution.					
			· -	\$5.00 May Be Added to Fees	1.0	ake check pay ida Departmen		
10.		Trust Fund Co	· -	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flori	ida Departmen	t of St	ate
TITLE NAME STREET ADDRESS	Due by May 1, 2004 OFFICERS AND D SD MEAD, WAYLAND 6760 PELICAN BAY BLVD 344	Trust Fund Co	11. TITLE NAME STREET ADDRESS	Added to Fees	Flori	ida Departmen	t of St	ate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2004 OFFICERS AND D SD MEAD, WAYLAND 6760 PELICAN BAY BLVD 344 NAPLES, FL	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	Flori	Ida Departmen	ORS IN Change	ate 10 Addition
TITLE NAME STREET ADDRESS	Due by May 1, 2004 OFFICERS AND D SD MEAD, WAYLAND 6760 PELICAN BAY BLVD 344	Trust Fund Co	11. TITLE NAME STREET ADDRESS	Added to Fees	Flori	Ida Departmen	ORS IN	ate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2004 OFFICERS AND D SD MEAD, WAYLAND 6760 PELICAN BAY BLVD 344 NAPLES, FL PD DIRUSSO, NICHOLAS 6760 PELICAN BAY BLVD.	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	Flori	ida Departmen	ORS IN Change	ate 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2004 OFFICERS AND D SD MEAD, WAYLAND 6760 PELICAN BAY BLVD 344 NAPLES, FL PD DIRUSSO, NICHOLAS 6760 PELICAN BAY BLVD. NAPLES, FL VD RODGERS, AMY 6760 PELICAN BAY BLVD #314	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	Flori	ida Departmen	or of State ORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2004 OFFICERS AND D SD MEAD, WAYLAND 6760 PELICAN BAY BLVD 344 NAPLES, FL PD DIRUSSO, NICHOLAS 6760 PELICAN BAY BLVD. NAPLES, FL VD RODGERS, AMY 6760 PELICAN BAY BLVD #314 NAPLES, FL 34108 TD DALESSIO, TONY 6760 PELICAN BAY BLVD #323	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	Flori	RS AND DIRECT	or of State	10 Addition Addition

12. I hereby certify that the information supplied with this filing 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 or trustee empowered to execute this peport 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 RCER OF DIRECTOR

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