
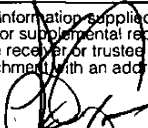


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90375 042 \*\*\*\*61.25

<b>DOCUMENT # N30820</b>			
1. Entity Name <b>ARBORESQUE OF OLDE NAPLES, CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>C/O RUTH E. MAST 291 - 4TH ST. S NAPLES, FL 33940</b>		Mailing Address <del>745 12 AVE S</del> <del>STE AA</del> <b>NAPLES, FL 34102</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>501 Goodlette Rd N</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>SUITE C-200</b>	
City & State		City & State <b>NAPLES FL</b>	
Zip	Country	Zip	Country
		<b>34102</b>	<b>COLLIER</b>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COASTAL PROPERTY MANAGEMENT OF SW FL 501 GOODLETTE RD. N. PL-206 NAPLES, FL 34102		Name Street Address (P.O. Box Number is Not Acceptable) <b>SUITE C-200</b> City <b>FL</b> Zip Code	
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, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANNING, JOHN 295 4TH ST. SOUTH NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Same</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAST, RUTH 291 - 4TH ST SO NAPLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOATER, RICHARD 281 - 4TH ST SO NAPLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANNING, JUDY 295 4TH STREET SOUTH NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		JOHN GREEN-MANAGER 2-28-07 239-434-2077	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40034333



02122007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0203439 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required