

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30820

FILED  
Mar 30, 2011  
Secretary of State

**Entity Name:** ARBORESQUE OF OLDE NAPLES, CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O RUTH MAST  
291 - 4TH ST. S  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

501 GOODLETTE RD. N.  
SUITE C-200  
NAPLES, FL 34102

**New Mailing Address:**

FEI Number: 65-0203439      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

COASTAL PROPERTY MANAGEMENT OF SW FL  
501 GOODLETTE RD. N.  
SUITE C-200  
NAPLES, FL 34102 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  
Name: LANNING, JOHN  
Address: 295 -4TH ST SO  
City-St-Zip: NAPLES, FL 34102

Title: T  
Name: MAST, RUTH  
Address: 291 -4TH ST SO  
City-St-Zip: NAPLES, FL 34102

Title: S  
Name: GOATER, DOTTIE  
Address: 281 4TH STREET SOUTH  
City-St-Zip: NAPLES, FL 34102

I hereby 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 all other like empowered.

SIGNATURE: JOHN S. GREEN

MNGR

03/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date