

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31388

FILED
Apr 08, 2005
Secretary of State

Entity Name: ST. SIMONE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O R & P PROP MGMT
265 AIRPORT RD S
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O R & P PROP MGMT
265 AIRPORT RD S
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 59-2941002 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

R&P PROPTY MGT
265 AIRPORT RD S
NAPLES, FL 34104 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: TD () Delete
Name: VIETS, BILL
Address: 24 HOLBROOK ROAD
City-St-Zip: SOUTH BURLINGTON, VT 05403

Title: D () Delete
Name: PENNETTA, ARTHUR
Address: 5635 TURTLE BAY, DR 9
City-St-Zip: NAPLES, FL 34105

Title: VP () Delete
Name: JEFFRIES, DEEDEE
Address: 5635 TURTLE BAY DR 2
City-St-Zip: NAPLES, FL 34106

Title: P () Delete
Name: FERRARI, ANTHONY
Address: 5637 TURTLE BAY DR #22
City-St-Zip: NAPLES, FL

Title: S () Delete
Name: KRAUSE, MARY
Address: 5637 TURTLE BAY DR #15
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: KOPP, JEANNE
Address: 5633 TURTLE BAY DRIVE
City-St-Zip: NAPLES, FL 34108

Title: D (X) Change () Addition
Name: PENNETTA, ARTHUR
Address: 5635 TURTLE BAY, DR 9
City-St-Zip: NAPLES, FL 34108

Title: VPD (X) Change () Addition
Name: JEFFRIES, RUTH
Address: 5635 TURTLE BAY DR #2
City-St-Zip: NAPLES, FL 34108

Title: PD (X) Change () Addition
Name: FERRARI, ANTHONY
Address: 5637 TURTLE BAY DR #22
City-St-Zip: NAPLES, FL 34108

Title: SD (X) Change () Addition
Name: BROWNE, MARY
Address: 5637 TURTLE BAY DR #15
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GLENN CARROLL

PRES

04/08/2005

Electronic Signature of Signing Officer or Director

_____ Date