2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31388

FILED Apr 24, 2006 Secretary of State

Entity Name: ST. SIMONE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5633-5637 TURTLE BAY DRIVE NAPLES, FL 34108

Current Mailing Address: New Mailing Address:

5633-5637 TURTLE BAY DRIVE NAPLES, FL 34108

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

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

R&P PROPTY MGT 265 AIRPORT RD S NAPLES, FL 34104 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition KOPP, JEANNE KOPP, JEANNE Name: Name: 5633 TURTLE BAY DRIVE Address: 5633 TURTLE BAY DRIVE Address:

City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34108

Title: Title: (X) Change () Addition () Delete PENNETTA, ARTHUR Name: DEVINE, THOMAS Name: Address: 5635 TURTLE BAY, DR 9 Address: 5635 TURTLE BAY, DR 9

City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34108 Title: VPD () Delete Title: PD (X) Change () Addition JEFFRIES, RUTH FERRARI, ANTHONY Name: Name:

5635 TURTLE BAY DR #2 5637 TURTLE BAY DR #22 Address: Address:

City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34108

Title: PD () Delete Title: SD (X) Change () Addition Name: FERRARI, ANTHONY Name: WHITE, RAYMOND

5637 TURTLE BAY DR #22 5633 TURTLE BAY DR #31 Address: Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34108

Title: () Delete Title: (X) Change () Addition

BROWNE, MARY GRONES, KIRK Name: Name:

5637 TURTLE BAY DR #15 5633 TURTLE BAY DR #32 Address: Address: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34108 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GLENN CARROLL **PRES** 04/24/2006