

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31388

FILED
Mar 10, 2008
Secretary of State

Entity Name: ST. SIMONE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O R & P PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

C/O R & P PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104

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 PROPERTY 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: VPD () Delete
Name: GRONES, KIRK
Address: 5633 TURTLE BAY DRIVE #32
City-St-Zip: NAPLES, FL 34108

Title: T () Delete
Name: DEVINE, THOMAS
Address: 5635 TURTLE BAY, DR #9
City-St-Zip: NAPLES, FL 34108

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

Title: SD () Delete
Name: WHITE, RAYMOND
Address: 5633 TURTLE BAY DR #31
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: CICONE, VICTORIA
Address: 1136 HILLPOINTE CIRCLE
City-St-Zip: BLOOMFIELD HILLS, MI 48304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: KERN, SYDNEY
Address: 5635 TURTLE BAY DR #12
City-St-Zip: NAPLES, FL 34108

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TONY FERRARI

PD

03/10/2008

Electronic Signature of Signing Officer or Director

_____ Date