

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31388

FILED  
Apr 16, 2009  
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: KERN, SYDNEY  
Address: 5635 TURTLE BAY DR #12  
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: WHITE, RAYMOND  
Address: 5633 TURTLE BAY DR #31  
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: ANTHONY FERRARI

PD

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date