

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32315

FILED
Mar 20, 2009
Secretary of State

Entity Name: NAPLES WALK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

27180 BAY LANDING DR STE 4
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

27180 BAY LANDING DR STE 4
BONITA SPRINGS, FL 34135 US

New Mailing Address:

FEI Number: 65-0208826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'GORMAN, JOHN
STERLING PROPERTY SERVICES
27180 BAY LANDING DR STE 4
BONITA SPRINGS, FL 34135 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: SD () Delete
Name: FALLON, MARTIN
Address: 15191 CEDARWOOD LANE #2502
City-St-Zip: NAPLES, FL 34110

Title: DT () Delete
Name: CORBINO, VINCENT
Address: 15191 CEDARWOOD LN #2306
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: PIHL, CRAIG
Address: 15191 CEDARWOOD LANE 2504
City-St-Zip: NAPLES, FL 34110

Title: DVP () Delete
Name: LIVERMAN, JOYCE
Address: 15191 CEDARWOOD LN #2503
City-St-Zip: NAPLES, FL 34110

Title: DP () Delete
Name: HANCOCK, LEEANN
Address: 15171 CEDARWOOD LANE #1702
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change () Addition
Name: LOZON, EARL
Address: 15161 CEDARWOOD LN #1605
City-St-Zip: NAPLES, FL 34110

Title: DV (X) Change () Addition
Name: PIHL, CRAIG
Address: 15191 CEDARWOOD LANE 2504
City-St-Zip: NAPLES, FL 34110

Title: D (X) Change () Addition
Name: LIVERMAN, JOYCE
Address: 15191 CEDARWOOD LN #2503
City-St-Zip: NAPLES, FL 34110

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: LEEANN HANCOCK

DP

03/20/2009

Electronic Signature of Signing Officer or Director

Date