

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32413

FILED
Apr 23, 2008
Secretary of State

Entity Name: RECREATION FACILITIES ASSOCIATION, INC.

Current Principal Place of Business:

4000 CRAYTON ROAD
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

745 12TH AVE S.
SUITE AA
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 65-0120425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE PROPERTY MANAGEMENT, INC
745 12TH AVE S.
SUITE AA
NAPLES, FL 34102 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: P (X) Delete
Name: NORATO, JOE
Address: 555 PARKSHORE DR. #509
City-St-Zip: NAPLES, FL 34103

Title: T () Delete
Name: PISCHKE, AL
Address: 4036 CRATON RD.
City-St-Zip: NAPLES, FL 34103

Title: VP () Delete
Name: HENRICKS, MARY ANN
Address: 555 PARK SHORE DR., #509
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: CRAIG, RON
Address: 4038 CRAYTON ROAD
City-St-Zip: NAPLES, FL 34102

Title: S () Delete
Name: MARTIN, TEDDY
Address: 4024 CRAYTON RD.
City-St-Zip: NAPLES, FL 34103

Title: D (X) Delete
Name: POTTS, BETTY
Address: 555 PARKSHORE DR.
City-St-Zip: NAPLES, FL 34103

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: P (X) Change () Addition
Name: CRAIG, RON
Address: 4038 CRAYTON ROAD
City-St-Zip: NAPLES, FL 34102

Title: VP (X) Change () Addition
Name: MARTIN, TEDDY
Address: 4024 CRAYTON RD.
City-St-Zip: NAPLES, FL 34103

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: RON CRAIG

P

04/23/2008

Electronic Signature of Signing Officer or Director

Date