

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32663

FILED  
Jan 05, 2004  
Secretary of State

**Entity Name:** STONES THROW OF NAPLES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

353 2 STREET SOUTH  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

353 2 STREET SOUTH  
NAPLES, FL 34102 US

**New Mailing Address:**

**FEI Number:** 65-6031881

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SLACK, MARK A.  
2150 GOODLETTE RD N  
NAPLES, FL 33940 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: PDT ( ) Delete  
Name: HAFFORD, ROBERT  
Address: 353 2ND ST SO  
City-St-Zip: NAPLES, FL 34102

Title: VPSD ( ) Delete  
Name: GOLWITZER, NANCY  
Address: 355 2ND ST SO  
City-St-Zip: NAPLES, FL

Title: D ( ) Delete  
Name: RADFORD, KEITH  
Address: 361 2ND ST. S.  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: INMAN, PAUL  
Address: 359 2ND ST SO  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: SLATTERY, JOE  
Address: 357 2ND ST S  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: VITTUM, LEWIS  
Address: 351 2ND ST SO  
City-St-Zip: NAPLES, FL 34102

**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: D (X) Change ( ) Addition  
Name: INMAN, GEORGIE  
Address: 359 2ND ST SO  
City-St-Zip: NAPLES, FL 34102

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT HAFFORD

PRES

01/05/2004

Electronic Signature of Signing Officer or Director

Date