

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32663

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

404-BEAR CAMP POND ROAD
CENTER SANDWICH, NH 03227 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 45
CENTER SANDWICH, NH 03227 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:

CORPORATE REGISTERED AGENT, LLC
5147 CASTELLO DRIVE
NAPLES, FL 34103 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: D () Delete
Name: HAFFORD, ROBERT
Address: 353 2ND ST SO
City-St-Zip: NAPLES, FL 34102

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

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

Title: D () Delete
Name: DOLL, GOORCIE
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: DPT () 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: DVS (X) Change () Addition
Name: GOLWITZER, NANCY
Address: 355 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:

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 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: LEWIS VITTUM

DPT

04/30/2009

Electronic Signature of Signing Officer or Director

Date