

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32663

FILED  
Apr 24, 2012  
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:**

C/O NAPLES COMMUNITY MANAGEMENT, INC.  
1100 FIFTH AVE. S. #201  
NAPLES, FL 34102 US

**Current Mailing Address:**

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

**New Mailing Address:**

C/O NAPLES COMMUNITY MANAGEMENT, INC.  
1100 FIFTH AVE. S. #201  
NAPLES, FL 34102 US

**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:**

NAPLES COMMUNITY MANANAGEMENT, INC.  
1100 FIFTH AVE. S., #201  
NAPLES, FL 34102 US

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: LORI CORNELIUS

04/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HAFFORD, ROBERT  
Address: 353 2ND ST SO  
City-St-Zip: NAPLES, FL 34102

Title: DVS  
Name: GOLWITZER, NANCY  
Address: 355 2ND ST SO  
City-St-Zip: NAPLES, FL 34102

Title: DPT  
Name: HACIKYAN, MICHAEL  
Address: 361 2ND ST. S.  
City-St-Zip: NAPLES, FL 34102

Title: D  
Name: DOLL, GEORGIE  
Address: 359 2ND ST SO  
City-St-Zip: NAPLES, FL 34102

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

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

I hereby 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 all other like empowered.

SIGNATURE: NANCY GOLWITZER

DVS

04/24/2012

Electronic Signature of Signing Officer or Director

Date