2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N35075

Entity Name: WTC NO. THREE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3321 OLYMPIC DRIVE
NAPLES, FL 34105 US

New Principal Place of Business:

Current Mailing Address:

4802 AIRPORT ROAD
NAPLES, FL 34105 US

New Mailing Address:

FEI Number: 65-0216686 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WORLD TENNIS CLUB, INC.
4802 AIRPORT ROAD
NAPLES, FL 34105 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: STD ( ) Delete
Name: KAPLE, MARY
Address: 3321 OLYMPIC DR #613
City-St-Zip: NAPLES, FL 34105

Title: VD ( ) Delete
Name: NICHOLSON, JUDI
Address: 3323 OLYMPIC DRIVE
City-St-Zip: NAPLES, FL 34105

Title: PD ( ) Delete
Name: WARD, CASEY
Address: 3321 OLYMPIC DRIVE, #611
City-St-Zip: NAPLES, FL 34105

Title: AT ( ) Delete
Name: KELLER, THOMAS
Address: 4802 AIRPORT ROAD
City-St-Zip: NAPLES, FL 34105

Title: AS (X) Delete
Name: SLOZIL, SHARON
Address: 4802 AIRPORT ROAD
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition
Name: NICHOLSON, JUDI
Address: 3323 OLYMPIC DRIVE
City-St-Zip: NAPLES, FL 34105

Title: VPD (X) Change ( ) Addition
Name: MURTAUGH, PEG
Address: 3508 CORINTHIAN WAY
City-St-Zip: NAPLES, FL 34105

Title: AT (X) Change ( ) Addition
Name: LOSCHIAVO, ETHAN
Address: 4802 AIRPORT ROAD
City-St-Zip: NAPLES, FL 34105

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: JUDI NICHOLSON PD 04/17/2009

Electronic Signature of Signing Officer or Director — Date