

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35519

FILED
Mar 31, 2011
Secretary of State

Entity Name: BOCA PALMS OF NAPLES ASSOCIATION, INC.

Current Principal Place of Business:

C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 341096834 US

New Principal Place of Business:

Current Mailing Address:

C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 341096834 US

New Mailing Address:

FEI Number: 65-0239022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIVELY, DENNIS F
6736 LONE OAK BLVD
NAPLES, FL 341096834 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
Name: PRICE, ERIC
Address: 10207 BOCA CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: D
Name: LEIGH, TWYLA
Address: 9931 BOCA CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: T
Name: ESSLER, AXEL H.F.
Address: 9968 BOCA AVE N
City-St-Zip: NAPLES, FL 34109

Title: S
Name: MARTINEZ, REY
Address: 10140 BOCA CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: VP
Name: WATSON, RON
Address: 10196 BOCA CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: ARC
Name: SHERWIN, ELAINE
Address: 10189 BOCA CIRCLE
City-St-Zip: NAPLES, FL 34109

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: DENNIS F LIVELY

RA

03/31/2011

Electronic Signature of Signing Officer or Director

Date