


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90418 014 \*\*\*\*61.25

<b>DOCUMENT # N36795</b> 1. Entity Name <b>NEWCASTLE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>3435 10TH ST. NORTH SUITE #201 NAPLES, FL 34103</b>			Mailing Address <b>3435 10TH ST. NORTH SUITE #201 NAPLES, FL 34103</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0257250</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SAMOUCÉ, MURRELL, &amp; GAL 5405 PARK CENTRAL COURT NAPLES, FL 34109</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GIBBONS, RICHARD</b>		NAME	<b>Marks, Steven</b>	
STREET ADDRESS	<b>717 LANDOVER CIRCLE, #204-03</b>		STREET ADDRESS	<b>784 Landover Circle, #203-D8</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34104</b>		CITY-ST-ZIP	<b>Naples, FL 34104</b>	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BELLOFIORE, JOSEPH</b>		NAME		
STREET ADDRESS	<b>709 LANDOVER CIRCLE 101 D4</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES, FL 34104</b>		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LENARDI, MARIE</b>		NAME		
STREET ADDRESS	<b>741 LANDOVER CIRCLE #102</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES, FL</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KLEIN, STANLEY</b>		NAME	<b>Zaiser, Audrey</b>	
STREET ADDRESS	<b>688 SQUIRE CIRCLE 204 B7</b>		STREET ADDRESS	<b>716 Landover Circle, #101-D4</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34104</b>		CITY-ST-ZIP	<b>Naples, FL 34104</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PATTERSON, GLORIA</b>		NAME	<b>Vouros, George Sr.</b>	
STREET ADDRESS	<b>741 LANDOVER CIRCLE, #103-C4</b>		STREET ADDRESS	<b>716 Squire Ct., #202-A1</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34104</b>		CITY-ST-ZIP	<b>Naples, FL 34104</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>D'Armiento, Joe Sr.</b>	
STREET ADDRESS			STREET ADDRESS	<b>662 Squire Circle, #201-B4</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Naples, FL 34104</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Joseph Bellofiore</u> <b>JOSEPH BELLOFIORE</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/28/07</u> <small>Date</small>		<u>353-6806</u> <small>Daytime Phone #</small>