

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90025 001 \*\*\*\*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 # Suite, Apt. #, etc. City & State Zip - Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip - Country		<div style="text-align: center; font-size: 1.2em; margin-bottom: 10px;">40033000</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>02292008 Chg-NP</span> <span>CR2E037 (12/06)</span> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>             4. FEI Number  <b>65-0257250</b> </div> <div> <input type="checkbox"/> Applied For  <input checked="" type="checkbox"/> Not Applicable           </div> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>             5. Certificate of Status Desired <input type="checkbox"/> </div> <div> <b>\$8.75</b> Additional              Fee Required           </div> </div>	
6. Name and Address of Current Registered Agent <b>MCCLURE, ROBERT W P.A. 3511 BONITA BAY BLVD BONITA SPRINGS, FL 34134</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>MARKS, STEVEN</b> <input type="checkbox"/> Delete <b>784 LANDOVER CIR SUITE 203-D8</b> <b>NAPLES, FL 34104</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS1</b> <b>Marks, Steven</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>784 Landover Circle, #203-D8</b> <b>Naples, FL 34104</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <input checked="" type="checkbox"/> Delete <b>BELLOFIORE, JOSEPH</b> <b>709 LANDOVER CIRCLE 101 D4</b> <b>NAPLES, FL 34104</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Lunde, Nancy</b> <b>745 Landover Circle #102-C2</b> <b>Naples, FL 34104</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <input checked="" type="checkbox"/> Delete <b>LENARDI, MARIE</b> <b>741 LANDOVER CIRCLE #102</b> <b>NAPLES, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Nadeau, Pam</b> <b>752 Landover Circle #103-D11</b> <b>Naples, FL 34104</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>ZAISER, AUDREY</b> <b>716 LANDOVER CIR SUITE 101-D4</b> <b>NAPLES, FL 34104</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Zaiser, Audrey</b> <b>6643 Vancouver Lane</b> <b>Naples, FL 34104</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>VOURDS, GEORGE SR</b> <b>716 SQUIRE CT SUITE 202-A1</b> <b>NAPLES, FL 34104</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Vouros, George Sr.</b> <b>716 Landover Circle #102-D5</b> <b>Naples, FL 34104</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>D'ARMIENTO, JOE SR</b> <b>662 SQUIRE CIR SUITE 201-B4</b> <b>NAPLES, FL 34104</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Terzano, Laura</b> <b>721 Landover Circle #204*D2</b> <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> <div style="float: right; text-align: right;"> <b>3-18-08</b> <b>239-352-3056</b>  <small>Date Daytime Phone #</small> </div>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					