## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 18, 2007 8:00 am Secretary of State

DOCUMENT # N39299  1. Entity Name SAUSALITO OF NAPLES HOMEOWNERS' ASSOCIATION, INC.									04-18-2007		029 ****(	51.25
187 FOREST LAKES BLVD. 187			187	Mailing Address 187 FOREST LAKES BLVD. NAPLES, FL 34105				4	0066446			
Principal Place of Business - No P.O. Box # 3. Ma				3. Mailing Address								
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				04122007	Chg-NP	CR2E	(12/06)	
Jiy & State			City & State					4. FEI Numbe 65-021			1	pplied For lot Applicable
Zip	Country		<u> </u>	Zip		Country			of Status Desired		\$8.75 Ac Fee Requir	Iditional ed
	6. Name	and Address of Current i	Registere	d Agent		Name		7. Name and	Address of New F	legistere	d Agent	
IMMEL, CALVIN L. 9400 GULF SHORE DRIVE, #5				<u></u>			Address (f	P.O. Box Numbe	r is Not Acceptable	e)		
	FL 33963				}							
			,		_	City				F	L Zip Co	de .
- FI	a named entit	y submits this statement for	the nume	ee of chancino its	remietare	d office o	v recister	ed agent, or bot	h in the State of Fli	orida la	m tomilies with	and accent
	tions of regist		uio porpi	oo or criainging no	registere		a register	• • • • • • • • • • • • • • • • • • • •	.,		ii idii usar wilii	, and about
	itions of regist				*			when reinstelling)		DATE	<del></del>	
the obliga	Signature, typed	ered agent.			: Registered	Agent signs	ture required			DATE	<del></del>	
the obliga	Signature, typed	ered agent. or printed name of registered agent a e is \$61.25 lay 1, 2007	nd litte if appli	9. Election Carr	Registered	Agent signs	ture required	when reinstating) \$5.00 May B. Added to Fees	e M Flor	DATE lake che Ida Dep	ck payable artment of S	to tate
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by certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information ded on this report of 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 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 each or or prattachment with as address, with all other like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

NAME

STREET ADDRESS

C:TY - ST - ZIP