

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39299

FILED
Apr 02, 2009
Secretary of State

Entity Name: SAUSALITO OF NAPLES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

187 FOREST LAKES BLVD.
NAPLES, FL 34105

New Principal Place of Business:

Current Mailing Address:

187 FOREST LAKES BLVD.
NAPLES, FL 34105

New Mailing Address:

FEI Number: 65-0210764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IMMEL, CALVIN L.
9400 GULF SHORE DRIVE, #5
NAPLES, FL 33963 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: PD () Delete
Name: RUBECK, RON
Address: 9400 GULF SHORE DR, # 1
City-St-Zip: NAPLES, FL 34108

Title: DT () Delete
Name: IMMEL, CALVIN
Address: 9400 GULF SHORE DR #5
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: POPE, ROGER
Address: 9400 GULF SHORE DR. #2
City-St-Zip: NAPLES, FL 34108

Title: VP () Delete
Name: IMMEL, CALVIN
Address: 9400 GULF SHORE DR, # 5
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVPT (X) Change () Addition
Name: IMMEL, CALVIN
Address: 9400 GULF SHORE DR #5
City-St-Zip: NAPLES, FL 34108

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

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: RON RUBECK

PRES

04/02/2009

Electronic Signature of Signing Officer or Director

Date