

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41604

FILED  
May 02, 2008  
Secretary of State

**Entity Name:** THE MEWS OF NAPLES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

3725 RACHEL LANE  
NAPLES, FL 34103 US

**New Principal Place of Business:**

**Current Mailing Address:**

3725 RACHEL LANE  
NAPLES, FL 34103 US

**New Mailing Address:**

**FEI Number:** 65-0261289 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LONGE, LAURIE A  
3725 RACHEL LANE  
NAPLES, FL 34103 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: S ( ) Delete  
Name: MANCUSO, JANICE  
Address: 3721 RACHEL LANE  
City-St-Zip: NAPLES, FL 34103

Title: T ( ) Delete  
Name: LONGE, LAURIE  
Address: 3725 RACHEL LN  
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete  
Name: CAPOZZA, AL  
Address: 3738 RACHEL LANE  
City-St-Zip: NAPLES, FL 34103

Title: PD ( ) Delete  
Name: MANCUSO, EDWIN  
Address: 3721 RACHEL LANE  
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete  
Name: PINT, MICHAEL  
Address: 3710 RACHEL LANE  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

Title: D (X) Change ( ) Addition  
Name: TREPTOW, WILLIAM  
Address: 3718 RACHEL LANE  
City-St-Zip: NAPLES, FL 34103

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: LAURIE LONGE

T

05/02/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date