2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N41604

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 ( )**

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 (X) Delete
Name: TREPTOW, WILLIAM
Address: 3718 RACHEL LANE
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: MANCUSO, JANICE L
Address: 3721 RACHEL LANE
City-St-Zip: NAPLES, FL 34103

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

Title: D (X) Change ( ) Addition
Name: POOLE, DORIS
Address: 3726 RACHEL LANE
City-St-Zip: NAPLES, FL 34103

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: LAURIE LONGE T 04/09/2009
Electronic Signature of Signing Officer or Director Date