## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N44423

FILED Apr 26, 2006 Secretary of State

Entity Name: CORINTHIAN GARDENS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business: CORINTHIAN WAY** NAPLES, FL 34105 US **Current Mailing Address: New Mailing Address:** P.O. BOX 10519 NAPLES, FL 34101 US FEI Number: 65-0410729 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, STEPHEN P 4985 EAST TAMIAMI TRAIL NAPLES, FL 34113 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete DRESCHER, JAMES KAPLOWITZ, HARVEY Name: Name: 2365 CHESHIRE LANE Address: 3540 CORINTHIAN WAY Address: City-St-Zip: NAPLES, FL 341093373 City-St-Zip: NAPLES, FL 34105 Title: () Delete Title: VD (X) Change ( ) Addition MCKONE, HANK Name: PETERS, JOHN Name: Address: 11 HAWK RIDGE RD Address: 4745 EUROPA DR City-St-Zip: MEREDITH, NH 03253 City-St-Zip: NAPLES, FL 34105 Title: Title: (X) Change ( ) Addition () Delete HILL, NANCY PFUNDER, LIZ Name: Name: 4765 OBERON COURT 3500 CORINTHIAN WAY Address: Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: NAPLES, FL 34105 Title: TD ( ) Delete Title: () Change () Addition Name: HART, STEPHEN P Name: 4985 EAST TAMIAMI TRAIL Address: Address: City-St-Zip: NAPLES, FL 34113 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition GABRAL, COREY SIMONO, JERRY Name: Name: 4802 EUROPA DR 3544 CORINTHIAN WAY Address: Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: NAPLES, FL 34105 Title: () Delete Title: (X) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

VERNON, PHILIP

3571 MIDAS PLACE

NAPLES, FL 34105

SIGNATURE: PHILIP VERNON PD 04/26/2006

VERNON, PHILIP

3571 MIDAS PLACE

NAPLES, FL 34105

Name:

Address:

City-St-Zip: