2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N46136

Entity Name: NAPLES COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

27180 BAY LANDING DRIVE
STE. 4
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

27180 BAY LANDING DRIVE
STE. 4
BONITA SPRINGS, FL 34135 US

New Mailing Address:

FEI Number: 65-0461371 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STERLING PROPERTY SERVICES
27180 BAY LANDING DRIVE
STE. 4
BONITA SPRINGS, FL 34135 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: DVP ( ) Delete
Name: SLABBEKOORN, JANICE
Address: 270 NAPLES COVE DR, #3602
City-St-Zip: NAPLES, FL 34110

Title: DP ( ) Delete
Name: TEODOSIU, JOHN
Address: 270 NAPLES COVE DRIVE #3501
City-St-Zip: NAPLES, FL 34110

Title: ST ( ) Delete
Name: HINTERSCHIED, DONNA
Address: 290 NAPLES COVE DRIVE # 2504
City-St-Zip: NAPLES, FL 34110

Title: DS ( ) Delete
Name: WILLIAMS, PAUL
Address: 285 NAPLES COVE DR, #1505
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: BAMBULE, JAMES
Address: 290 NAPLES COVE DR #2406
City-St-Zip: NAPLES, FL 34180

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: ( ) 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: JOHN TEODOSIU PD 03/20/2009

Electronic Signature of Signing Officer or Director — Date