


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90188 021 \*\*\*\*61.25

**DOCUMENT # N92000000825**

1. Entity Name  
**SAN RAFAEL HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**2685 HORSESHOE DR. SOUTH**  
**215**  
**NAPLES, FL 34119 US**

Mailing Address  
**2685 HORSESHOE DR. SOUTH**  
**215**  
**NAPLES, FL 34119 US**

**60035906**



2. Principal Place of Business - No P.O. Box #  
**c/o Resort Management**  
 Suite, Apt. #, etc.  
**2685 Horseshoe Dr. S. #215**

3. Mailing Address  
**c/o Resort Management**  
 Suite, Apt. #, etc.  
**2685 Horseshoe Dr. S. #215**

04012008 Chg-NP CR2E037 (12/06)

City & State  
**Naples, FL**

City & State  
**Naples, FL**

Zip  
**34104** Country  
**Collier**

Zip  
**34104** Country  
**Collier**

4. FEI Number  
**59-3588763**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KRINSKY, MURRAY**  
**178 SAN RAFAEL LN.**  
**NAPLES, FL 34119**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRINSKY, MURRAY 178 SAN RAFAEL LANE NAPLES, FL 34119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, RICHARD 170 SAN RAFAEL DRIVE NAPLES, FL 34119	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BARRY, JOHN 179 SAN RAFAEL LN NAPLES, FL 34119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	J Steele, Joseph 174 San Rafael Lane Naples, FL 34119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Murray Krinsky - MURRAY KRINSKY (PRES.) Date: 4-15-08 Daytime Phone #: (239) 455-464