

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004914

FILED
Apr 15, 2009
Secretary of State

Entity Name: SAN MIGUEL HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2685 HORSESHOE DR S
#215
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HOSRESHOE DR S #215
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 65-0526776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOBES, CLYDE
164 VISTA LANE #28
NAPLES, FL 34119 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: MOREHOUSE, YVONNE
Address: 150 VISTA LANE #1
City-St-Zip: NAPLES, FL 34119 US

Title: P () Delete
Name: FOBES, CLYDE
Address: 164 VISTA LN 28
City-St-Zip: NAPLES, FL 34119 US

Title: T () Delete
Name: CONTI, JOHN
Address: 132 VISTA LANE #4
City-St-Zip: NAPLES, FL 34119

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:

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 CONTI

T

04/15/2009

Electronic Signature of Signing Officer or Director

Date