

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006032

FILED
Apr 15, 2009
Secretary of State

Entity Name: TIERRA LAGO NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

2685 HORSESHOE DR S., #215
RESORT MGMNT
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

RESORT MANAGEMENT
2685 S. HORSESHOE DR. STE 215
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 65-0574840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLBROOKS, SAMUEL
1009 TIERRA LAGO WAY
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: P () Delete
Name: WERNER, MICHAEL
Address: 1013 TIERRA LAGO WAY
City-St-Zip: NAPLES, FL 34119

Title: DS () Delete
Name: JALBERT, RONALD
Address: 937 TIERRA LAGO WAY
City-St-Zip: NAPLES, FL 34119

Title: VP () Delete
Name: BEDNAR, KEN
Address: 1041 TIERRA LAGO WAY
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: CURRAN, CAROL
Address: 929 TIERRA LAGO WAY
City-St-Zip: NAPLES, FL 34119

Title: T () Delete
Name: HOLBROOKS, SAMUEL
Address: 1009 TIERRA LAGO WAY
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:

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: SAMUEL HOLBROOKS

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04/15/2009

Electronic Signature of Signing Officer or Director

Date