

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005152

FILED  
Apr 22, 2008  
Secretary of State

**Entity Name:** SIR MICHAEL'S PLACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

25121 DIVOT DRIVE  
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

**Current Mailing Address:**

6700 LONE OAK BLVD  
NAPLES, FL 34109 US

**New Mailing Address:**

**FEI Number:** 36-4108212

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSS, BYRON  
6700 LONE OAK BLVD  
NAPLES, FL 34109 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: ZERRER, PEGGY  
Address: 25080 DIVOT DR  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: VP ( ) Delete  
Name: WESLEY, BRIAN  
Address: 24880 DIVOT DR  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: CVP ( ) Delete  
Name: DAPRATO, KJ  
Address: 10630 SIR MICHAELS PLACE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S ( ) Delete  
Name: CSENGER, JOHN  
Address: 24990 DIVOT DR  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: T ( ) Delete  
Name: SCHUMAN, RAYMOND  
Address: 10570 SIR MICHAELS PLACE  
City-St-Zip: BONITA SPRINGS, FL 34135

**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: BYRON ROSS

MGR

04/22/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date