

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004709

FILED
Jan 09, 2009
Secretary of State

Entity Name: CFA SOCIETY OF NAPLES, INC.

Current Principal Place of Business:

11094 RIVER TRENT COURT
LEHIGH ACRES, FL 33971 US

New Principal Place of Business:

Current Mailing Address:

11094 RIVER TRENT COURT
LEHIGH ACRES, FL 33971 US

New Mailing Address:

FEI Number: 59-3405436 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FONTANA, FRANK C
11094 RIVER TRENT COURT
LEHIGH ACRES, FL 33971 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: KING, WILLIAM F
Address: 12751 NEW BRITTANY BLVD
City-St-Zip: FORT MYERS, FL 33907

Title: VP () Delete
Name: MARK, IANNARELLI A
Address: 600 5TH AVE. S, STE. 210
City-St-Zip: NAPLES, FL 34102

Title: T () Delete
Name: BROWN, JACK D
Address: 801 LAUREL OAK DRIVE, SUITE 640
City-St-Zip: NAPLES, FL 34108

Title: S () Delete
Name: FONTANA, FRANK C
Address: 11094 RIVER TRENT COURT
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FONTANA, FRANK C
Address: 11094 RIVER TRENT COURT
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VP (X) Change () Addition
Name: BROWN, JACK D
Address: 801 LAUREL OAK DRIVE, SUITE 640
City-St-Zip: NAPLES, FL 34108

Title: T (X) Change () Addition
Name: QUEEN, GARY W
Address: 3301 BONITA BEACH ROAD SW, SUITE 305
City-St-Zip: BONITA SPRINGS, FL 34134

Title: S (X) Change () Addition
Name: LAND, JUSTIN S
Address: 600 5TH AVENUE SOUTH, SUITE 210
City-St-Zip: NAPLES, FL 34102

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: FRANK C. FONTANA

P

01/09/2009

Electronic Signature of Signing Officer or Director

Date