

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90040 003 ****61.25

DOCUMENT # N97000000250

1. Entity Name
**THE CAYMAN AT TARPON COVE NEIGHBORHOOD
ASSOCIATION, INC.**



Principal Place of Business
**C/O PLATINUM PROPERTY MANAGEMENT, LLC
1016 COLLIER CENTER WAY, SUITE 102
NAPLES, FL 34110 US**

Mailing Address
**C/O PLATINUM PROPERTY MANAGEMENT, LLC
1016 COLLIER CENTER WAY, SUITE 102
NAPLES, FL 34110 US**

60025074



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02292008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3423086

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PLATINUM PROPERTY MANAGEMENT, LLC
1016 COLLIER CENTER WAY
SUITE 102
NAPLES, FL 34110**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME BONACCI, FRANK
STREET ADDRESS 705 MAINSAIL PLACE #31
CITY-ST-ZIP NAPLES, FL 34110

TITLE ☒ Change ☒ Addition
NAME Kristina Russo
STREET ADDRESS 653 Mainsail Place
CITY-ST-ZIP Naples, FL 34110

TITLE TD ☒ Delete
NAME PERRY, ROBERT
STREET ADDRESS 725 MAINSAIL PLACE #25
CITY-ST-ZIP NAPLES, FL 34110

TITLE ☒ Change ☒ Addition
NAME Joseph Wood
STREET ADDRESS 669 Mainsail Place
CITY-ST-ZIP Naples, FL 34110

TITLE SD ☒ Delete
NAME JABLONSKI, PEG
STREET ADDRESS 706 MAINSAIL PLACE #58
CITY-ST-ZIP NAPLES, FL 34110

TITLE ☒ Change ☒ Addition
NAME Joe, Trussardi
STREET ADDRESS 699 Catamaran CT
CITY-ST-ZIP Naples, FL 34110

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Joseph Wood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-08

Date

Daytime Phone #