

2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # N97000001144

1. Entity Name  
NAPLES ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
344 IVYWOOD LN.  
NAPLES, FL 34112

Mailing Address  
344 IVYWOOD LANE  
NAPLES, FL 34112 US

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**



03132007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
53-4163266

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LEE JAY COLLING & ASSOCIATES P.A  
529 VERSAILLES DR., STE 103  
MAITLAND, FL 32751

**DO NOT WRITE  
IN THIS SPACE**

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, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
KUJAWA, CAROL  
206 FOXWOOD LN  
NAPLES, FL 34112

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
BROWN, BARBARA  
344 IVYWOOD LANE  
NAPLES, FL 34112

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
ROBINETTE, LILA  
244 GLENWOOD LANE  
NAPLES, FL 34112

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
THIM, JIM  
413 KNOTWOOD LANE  
NAPLES, FL 34112

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
MALAMPHY, BETTE  
418 KNOTWOOD LN  
NAPLES, FL 34112

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ANTALE, ANDY  
428 LAURELWOOD LN.  
NAPLES, FL 34112

U00000671308  
03/28/07-80022-024 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA BROWN

Date

Daytime Phone #

3-14-07 (282) 774-1193