2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N97000001144

Entity Name: NAPLES ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

344 IVYWOOD LN.
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

344 IVYWOOD LANE
NAPLES, FL 34112 US

New Mailing Address:

FEI Number: 53-4163266 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEE JAY COLLING & ASSOCIATES P.A
529 VERSAILLES DR., STE 103
MAITLAND, FL 32751 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: VD ( ) Delete
Name: KUJAWA, CAROL
Address: 206 FOXWOOD LN
City-St-Zip: NAPLES, FL 34112

Title: PD ( ) Delete
Name: BROWN, BARBARA
Address: 344 IVYWOOD LANE
City-St-Zip: NAPLES, FL 34112

Title: TD ( ) Delete
Name: ROBINETTE, LILA
Address: 244 GLENWOOD LANE
City-St-Zip: NAPLES, FL 34112

Title: VD ( ) Delete
Name: MALAMPHY, BETTE
Address: 418 KNOTWOOD LN
City-St-Zip: NAPLES, FL 34112

Title: SD ( ) Delete
Name: STANLEY, GRETCHEN
Address: 250 GLENWOOD LN
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: ANTALE, ANDY
Address: 428 LAURELWOOD LN.
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: KUJAWA, JOHN
Address: 206 FOXWOOD LN
City-St-Zip: NAPLES, FL 34112

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: SD (X) Change ( ) Addition
Name: MARIE, COREY
Address: 120 COTTONWOOD LN
City-St-Zip: NAPLES, FL 34112

Title: D (X) Change ( ) Addition
Name: AUBUT, RAY
Address: 99COTTONWOOD LN.
City-St-Zip: NAPLES, FL 34112

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: BARBARA . W. BROWN PD 03/20/2009

Electronic Signature of Signing Officer or Director — Date