

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001144

FILED  
Jan 26, 2010  
Secretary of State

**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: D  
Name: KUJAWA, JOHN  
Address: 206 FOXWOOD LN  
City-St-Zip: NAPLES, FL 34112

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

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

Title: D  
Name: BLOIS, BRUCE  
Address: 438 LAURELWOOD LANE  
City-St-Zip: NAPLES, FL 34112

Title: SD  
Name: MARIE, COREY  
Address: 120 COTTONWOOD LN  
City-St-Zip: NAPLES, FL 34112

Title: D  
Name: AUBUT, RAY  
Address: 99COTTONWOOD LN.  
City-St-Zip: NAPLES, FL 34112

I hereby 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 all other like empowered.

SIGNATURE: BARBARA W. BROWN

PRES

01/26/2010

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

\_\_\_\_\_  
Date