


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90076 032 ****70.00

DOCUMENT # N97000003163					
1. Entity Name MULBERRY ROW VILLAGE ASSOCIATION, INC.					
Principal Place of Business 5067 TAMIAMI TRAIL E NAPLES, FL 34113			Mailing Address 5067 TAMIAMI TRAIL E NAPLES, FL 34113		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3452016	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CARTER, STEWART C/O CARDINAL MANAGEMENT GROUP 5067 TAMIAMI TRAIL E NAPLES, FL 34113			Name Cardinal Management Group Street Address (P.O. Box Number is Not Acceptable) 5067 Tamiami Trail East City Naples		
			FL Zip Code 34113		
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 <i>[Signature]</i>			DATE 4-23-08		
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHMITT, JOE	NAME			
STREET ADDRESS	7629 MULBERRY LANE	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34114	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBERTSON, EILEEN	NAME			
STREET ADDRESS	7764 MULBERRY LN	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34114	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	YATES, DAVID	NAME			
STREET ADDRESS	7650 MULBERRY LN	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34114	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CORNELL, JOSEPH P	NAME			
STREET ADDRESS	7625 MULBERRY LN	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34114	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Donald Popejoy		
STREET ADDRESS		STREET ADDRESS	7645 Mulberry Lane		
CITY-ST-ZIP		CITY-ST-ZIP	Naples FL 34114		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <i>[Signature]</i>			DATE 4-23-08 DAYTIME PHONE 239-774-0723		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					