

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003163

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** MULBERRY ROW VILLAGE ASSOCIATION, INC.

**Current Principal Place of Business:**

5067 TAMIAMI TRAIL E  
NAPLES, FL 34113

**New Principal Place of Business:**

**Current Mailing Address:**

5067 TAMIAMI TRAIL E  
NAPLES, FL 34113

**New Mailing Address:**

**FEI Number:** 59-3452016

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CARDINAL MANAGEMENT GROUP  
5067 TAMIAMI TRAIL EAST  
NAPLES, FL 34113 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: V ( ) Delete  
Name: SCHMITT, JOE  
Address: 7629 MULBERRY LANE  
City-St-Zip: NAPLES, FL 34114

Title: V ( ) Delete  
Name: ROBERTSON, EILEEN  
Address: 7764 MULBERRY LN  
City-St-Zip: NAPLES, FL 34114

Title: P ( ) Delete  
Name: YATES, DAVID  
Address: 7650 MULBERRY LN  
City-St-Zip: NAPLES, FL 34114

Title: S ( ) Delete  
Name: CORNELL, JOSEPH P  
Address: 7625 MULBERRY LN  
City-St-Zip: NAPLES, FL 34114

Title: T ( ) Delete  
Name: POPE JOY, DONALD  
Address: 7645 MULBERRY LANE  
City-St-Zip: NAPLES, FL 34114

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: ROBERTSON, EILEEN  
Address: 7764 MULBERRY LN  
City-St-Zip: NAPLES, FL 34114

Title: V (X) Change ( ) Addition  
Name: YATES, DAVID  
Address: 7650 MULBERRY LN  
City-St-Zip: NAPLES, FL 34114

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: EILEEN ROBERTSON

P

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date