



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90473 013 \*\*\*\*61.25

<b>DOCUMENT # N97000006308</b>					
<b>1. Entity Name</b> CRESTVIEW CONDOMINIUM AT HERITAGE GREENS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 4306 ARNOLD AVE. NAPLES, FL 34104 US			<b>Mailing Address</b> P O BOX 110339 NAPLES, FL 34108 US		
<b>2. Principal Place of Business</b> 90 Reson Management Suite, Apt. #, etc. 2685 Horseshoe Dr. S #215 City & State Naples, FL Zip 34104 Country USA		<b>3. Mailing Address</b> 90 Reson Management Suite, Apt. #, etc. 2685 Horseshoe Dr. S #215 City & State Naples, FL Zip 34104 Country USA			
<b>4. FEI Number</b> 65-0842256		04182006 Chg-NP CR2E037 (11/05)			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> KUETER, BEVERLY 4306 ARNOLD AVE NAPLES, FL 34104			<b>7. Name and Address of New Registered Agent</b> Name <u>JOSEPH GALERNO</u> Street Address (P.O. Box Number is Not Acceptable) 2005 CRESTVIEW WAY #124 City <u>NAPLES</u> FL Zip Code <u>34119</u>		
<b>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.</b>					
SIGNATURE <u>J. D. Salerno</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIRADO, DAVID 2021 CRESTVIEW WAY #116 NAPLES, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joseph Salerno 2005 Crestview Way #124 NAPLES, FL 34119	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NEAL, JEFFERY 2025 CRESTVIEW WAY #109 NAPLES, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Deborah Lema 1997 Crestview Way #127 NAPLES, FL 34119	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ORTIZ, GEORGE 2025 CRESTVIEW WAY #111 NAPLES, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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<b>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.</b>					
SIGNATURE: <u>J. D. Salerno</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/27/06 (239) 514-3955 <small>Date Daytime Phone #</small>		