## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000004716

FILED Apr 26, 2007 Secretary of State

Entity Name: TROON LAKES HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

187 FOREST LAKES BV NAPLES, FL 34105

**Current Mailing Address: New Mailing Address:** 

6700 LONE OAK BLVD NAPLES, FL 34109

FEI Number: 65-0806488 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

**GUARDIAN PROPERTY MANAGEMENT** ROSS, BYRON 6700 LONE OAK BLVD 6700 LONE OAK BLVD NAPLES, FL 34109 NAPLES, FL 34109

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: BYRON ROSS 04/26/2007

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

BILODEAN, NORM O'NEAL, JIM Name: Name: 9227 TROON LAKE DRIVE Address: 9293 TROON LAKE DRIVE Address:

City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109

Title: Title: (X) Change ( ) Addition ( ) Delete BOTTLHOF, ANN Name: BILODEAU, NORM Name:

Address: 9121 TROON LAKE DR Address: 9227 TROON LAKE DR City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109

Title: () Delete Title: CVP (X) Change ( ) Addition

RUNDORFF, ANN BOTTHOF, DICK Name: Name: 9246 TROON LAKES DR 9121 TROON LAKES DR Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109

Title: () Delete Title: (X) Change ( ) Addition

Name: O'NEIL, JIM Name: KLEINKNECHT, TOM 9293 TROON LAKE DRIVE 9178 TROON LAKE DRIVE Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109

Title: () Delete Title: (X) Change ( ) Addition

KLEINKNECHT, BOB RUNDORFF, ANN Name: Name:

9178 TROON LAKES DRIVE 9246 TROON LAKES DRIVE Address: Address:

NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109 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: BYRON ROSS MGR 04/26/2007

Electronic Signature of Signing Officer or Director

Date