

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:

187 FOREST LAKES BV
NAPLES, FL 34105

New Principal Place of Business:

Current Mailing Address:

6700 LONE OAK BLVD
NAPLES, FL 34109

New Mailing Address:

FEI Number: 65-0806488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUARDIAN PROPERTY MANAGEMENT
6700 LONE OAK BLVD
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

ROSS, BYRON
6700 LONE OAK BLVD
NAPLES, FL 34109 US

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:

Title: P () Delete
Name: BILODEAN, NORM
Address: 9227 TROON LAKE DRIVE
City-St-Zip: NAPLES, FL 34109

Title: VP () Delete
Name: BOTTLHOF, ANN
Address: 9121 TROON LAKE DR
City-St-Zip: NAPLES, FL 34109

Title: T () Delete
Name: RUNDORFF, ANN
Address: 9246 TROON LAKES DR
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: O'NEIL, JIM
Address: 9293 TROON LAKE DRIVE
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: KLEINKNECHT, BOB
Address: 9178 TROON LAKES DRIVE
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: O'NEAL, JIM
Address: 9293 TROON LAKE DRIVE
City-St-Zip: NAPLES, FL 34109

Title: VP/T (X) Change () Addition
Name: BILODEAU, NORM
Address: 9227 TROON LAKE DR
City-St-Zip: NAPLES, FL 34109

Title: CVP (X) Change () Addition
Name: BOTTHOF, DICK
Address: 9121 TROON LAKES DR
City-St-Zip: NAPLES, FL 34109

Title: S (X) Change () Addition
Name: KLEINKNECHT, TOM
Address: 9178 TROON LAKE DRIVE
City-St-Zip: NAPLES, FL 34109

Title: D (X) Change () Addition
Name: RUNDORFF, ANN
Address: 9246 TROON LAKES DRIVE
City-St-Zip: NAPLES, FL 34109

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