

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004716

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

TROON LAKE DRIVE  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

6704 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  
6704 LONE OAK BLVD  
NAPLES, FL 34109 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: P  
Name: O'NEAL, JIM  
Address: 9293 TROON LAKE DR  
City-St-Zip: NAPLES, FL 34109

Title: VP  
Name: CAPPALLI, RICHARD  
Address: 9190 TROON LAKE DR  
City-St-Zip: NAPLES, FL 34109

Title: S  
Name: MILLER, RICHARD  
Address: 9281 TROON LAKE DR  
City-St-Zip: NAPLES, FL 34109

Title: D  
Name: GALLAGHER, KEVIN  
Address: 9113 TROON LAKE DR  
City-St-Zip: NAPLES, FL 34109

Title: D  
Name: NEIMAN, EDWIN  
Address: 9235 TROON LAKE DR  
City-St-Zip: NAPLES, FL 34109

I hereby 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 all other like empowered.

SIGNATURE: BYRON L ROSS

MGR

04/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date