

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90414 023 \*\*\*\*61.25

**DOCUMENT # N98000005816**

1. Entity Name  
GUILFORD ESTATES HOMEOWNERS' ASSOCIATION,  
INC.



Principal Place of Business  
3073 S HORSESHOE DR  
STE 118  
NAPLES, FL 34104 US

Mailing Address  
3073 S HORSESHOE DR  
STE 118  
NAPLES, FL 34104 US

50008778



**DO NOT WRITE IN THIS SPACE**

02012006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
59-3579264

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ARNOLD, DONALD L  
3073 SOUTH HORSESHOE DR., SUITE 118  
NAPLES, FL 34104

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
ARNOLD, DONALD L  
3073 SOUTH HORSESHOE DR, SUITE 118  
NAPLES, FL 34104

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
WRIGHT, TAM  
3073 SOUTH HORSESHOE DR., SUITE 118  
NAPLES, FL 34104

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
ARNOLD, DEAN A  
3073 SOUTH HORSESHOE DR., SUITE 118  
NAPLES, FL 34104

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/06 239 643 6333

Date

Daytime Phone #