2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N98000005816

1. Entity Name

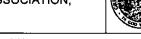
GUILFORD ESTATES HOMEOWNERS' ASSOCIATION,

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

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

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

50008778



02012006 No Chg-NP

CR2E037 (11/05)

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

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	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
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 Finan Trust Fund Contribution.	cing	\$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, SUI NAPLES, FL 34104	TE 118				
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			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						

12. I hereby certify that the information supplied with this filling 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 althoughtike expowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/06 2396/93 6333