

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004729

FILED
Mar 19, 2009
Secretary of State

Entity Name: CAP FERRAT AT CROWN COLONY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6597 NICHOLAS BLVD.
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

6597 NICHOLAS BLVD.
NAPLES, FL 34108

New Mailing Address:

FEI Number: 59-3598694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVEIRA, ROBERT
6597 NICHOLAS BLVD
NAPLES, FL 34108 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 () Delete
Name: BELFORE, JOSEPH
Address: 6597 NICHOLAS BLVD
City-St-Zip: NAPLES, FL 34108

Title: VP () Delete
Name: DUFFY, PAUL
Address: 6597 NICHOLAS BLVD
City-St-Zip: NAPLES, FL 34108

Title: T () Delete
Name: FREECE, ROBERT
Address: 6597 NICHOLAS BLVD
City-St-Zip: NAPLES, FL 34108

Title: S () Delete
Name: KLAUBER, WILLIAM
Address: 6597 NICHOLAS BLVD
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: CULLMAN, PETER
Address: 6597 NICHOLAS BLVD
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ROBERT OLIVEIRA

GM

03/19/2009

Electronic Signature of Signing Officer or Director

Date