


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90231 036 ****61.25

DOCUMENT # 732360					
1. Entity Name NAPLES TIERRA DEL SOL, INC.					
Principal Place of Business C/O INTEGRATED PROPERTY MANAGEMENT, INC. 3435 10TH STREET NORTH, SUITE 201 NAPLES, FL 33940			Mailing Address C/O INTEGRATED PROPERTY MANAGEMENT, INC. 3435 10TH STREET NORTH, SUITE 201 NAPLES, FL 33940		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ADAMS, JOSEPH BANK OF AMERICA CENTER 4501 TAMAIMI TRAIL N, SUITE 214 NAPLES, FL 34103			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HURST BETTY		NAME		
STREET ADDRESS	5563 RATTLE SNAKE HAMMOCK RD C12		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEFFLER, DUANE		NAME		
STREET ADDRESS	5563 RATTLESNAKE HAMMOCK RD		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCARTEN, DONALD		NAME		
STREET ADDRESS	5563 RATTLESNAKE HAMMOCK RD		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VIENI, ELLEN		NAME		
STREET ADDRESS	5563 RATTLESNAKE HAMMOCK, B9		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PELAEZ, TEREDA		NAME	D Vanderhoff, Diane	
STREET ADDRESS	5563 RATTLESNAKE HAMMOCK, A5		STREET ADDRESS	5563 Rattlesnake Hammock, C11	
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP	Naples, FL 34113	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Betty M. Hurst, V.P.</u>			Date: <u>4/24/06 (239) 774-4493</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		