

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003448

**FILED**  
**Apr 21, 2015**  
**Secretary of State**  
**CC9498416054**

**Entity Name:** RESIDENCES OF OLD NAPLES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

301 3RD AVENUE SOUTH  
NAPLES, FL 34102

**Current Mailing Address:**

1929 IMPERIAL GOLF COURSE BLVD.  
NAPLES, FL 34110

**FEI Number:** 20-2646396

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WAKELAND, DAVID FJR.  
1929 IMPERIAL GOLF COURSE BLVD.  
NAPLES, FL 34110 US

*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

**Officer/Director Detail :**

Title D  
Name STRAIN, JUDY  
Address 12632 BRANFORD STREET  
City-State-Zip: CARMEL IN 46032

Title D  
Name NOLEN, MICHAEL  
Address 301 3RD AVENUE SOUTH  
City-State-Zip: NAPLES FL 34102

Title D  
Name GALE, ROBERT  
Address 1518 OAKHILL DR  
City-State-Zip: OAKVILLE ON

Title D  
Name LANGENBERG, JOAN  
Address 311 3RD AVENUE SOUTH  
City-State-Zip: NAPLES FL 34102

*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:** MICHAEL NOLEN

**DIRECTOR**

**04/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date