

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N31388

**Entity Name:** ST. SIMONE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 06, 2014**  
**Secretary of State**  
**CC2950176152**

**Current Principal Place of Business:**

C/O R & P PROPERTY MANAGEMENT  
265 AIRPORT RD S  
NAPLES, FL 34104

**Current Mailing Address:**

C/O R & P PROPERTY MANAGEMENT  
265 AIRPORT RD S  
NAPLES, FL 34104

**FEI Number: 59-2941002**

**Certificate of Status Desired: No**

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

R&P PROPERTY MGT  
265 AIRPORT RD S  
NAPLES, FL 34104 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 PD  
Name VITIELLO, MARILYN  
Address 5633 TURTLE BAY DRIVE #34  
City-State-Zip: NAPLES FL 34108

Title TD  
Name DEVINE, THOMAS  
Address 5635 TURTLE BAY, DR #9  
City-State-Zip: NAPLES FL 34108

Title VPD  
Name KOPP, DOUG  
Address 5633 TURTLE BAY DR #29  
City-State-Zip: NAPLES FL 34108

Title D  
Name KRAUSE, MARIA  
Address 5637 TURTLE BAY DRIVE #25  
City-State-Zip: NAPLES FL 34108

Title D  
Name SCHIAVONE, VINCENT  
Address 5635 TURTLE BAY DRIVE #6  
City-State-Zip: NAPLES FL 34108

*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: MARILYN VITIELLO**

**PRESIDENT**

**04/06/2014**

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

\_\_\_\_\_  
Date