

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

DOCUMENT# N32413

**Entity Name:** RECREATION FACILITIES ASSOCIATION, INC.**Current Principal Place of Business:**4000 CRAYTON ROAD  
NAPLES, FL 34102**Current Mailing Address:**5603 NAPLES BLVD.  
NAPLES, FL 34109 US**FEI Number:** 65-0120425**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOORE PROPERTY MANAGEMENT, INC  
5603 NAPLES BLVD.  
NAPLES, FL 34109 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	DIRECTOR
Name	TALLMAN, ELIZABETH
Address	555 PARKSHORE DR. 206
City-State-Zip:	NAPLES FL 34103

Title	SECRETARY
Name	VITALE, FRANCES
Address	555 PARK SHORE DRIVE
City-State-Zip:	NAPLES FL 34103

Title	VP
Name	MARTIN, JEFF
Address	2355 SPRINGDALE LANE
City-State-Zip:	BOULDER CO 80303

Title	SECRETARY, TREASURER
Name	LENHART, IRENE
Address	4719 VILLA MARE LANE
City-State-Zip:	NAPLES FL 34103

Title	DIRECTOR
Name	ROPER, MIKE
Address	555 PARK SHORE DRIVE
City-State-Zip:	NAPLES FL 34103

Title	DIRECTOR
Name	HENDRICKS, JIM
Address	555 PARK SHORE DR. APT. 509
City-State-Zip:	NAPLES FL 34103

*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:** ELIZABETH TALLMAN**PRESIDENT****04/14/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date