
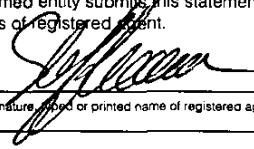
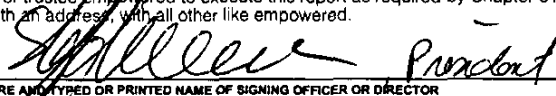


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2006 8:00 am
Secretary of State

06-23-2006 90008 006 ****70.00

DOCUMENT # N05000004954			
1. Entity Name OPERA NAPLES, INC.			
Principal Place of Business 3281 GOLDAN GATE BLVD W NAPLES, FL 34120		Mailing Address 3281 GOLDAN GATE BLVD W NAPLES, FL 34120	
2. Principal Place of Business 6017 PINE RIDGE ROAD		3. Mailing Address 3281 GOLDEN GATE BLVD W	
Suite, Apt. #, etc. SUITE 386		Suite, Apt. #, etc.	
City & State NAPLES, FL		City & State NAPLES, FL	
Zip 34119	Country USA	Zip 34120	Country USA
6. Name and Address of Current Registered Agent PEARCE-VASQUEZ, STEFFANIE 3281 GOLDAN GATE BLVD W NAPLES, FL 34120		7. Name and Address of New Registered Agent	
		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 		DATE 6/7/06	
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by September 6, 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEARCE-VASQUEZ, STEFFANIE	NAME	FRANK V. DAMICO
STREET ADDRESS	3281 GOLDAN GATE BLVD W	STREET ADDRESS	92 THORNCREST LANE
CITY-ST-ZIP	NAPLES, FL 34120	CITY-ST-ZIP	NAPLES, FL 34113
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEIDL, JEAN	NAME	SUSAN CHRISTIANO
STREET ADDRESS	865 NEW WATERFORD DR # 203	STREET ADDRESS	9179 SPRING MOUNTAIN WAY
CITY-ST-ZIP	NAPLES, FL 34104	CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOIRON, RON DR.	NAME	THOMAS GAYL
STREET ADDRESS	54 ANGUILA WAY	STREET ADDRESS	7585 CORDOBA CIRCLE
CITY-ST-ZIP	NAPLES, FL 34120	CITY-ST-ZIP	NAPLES, FL 34109
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VASQUEZ, SAMUEL	NAME	GERALD GOLDBERG
STREET ADDRESS	3281 GOLDEN GATE BLVD. W	STREET ADDRESS	375 3RD AVENUE SOUTH
CITY-ST-ZIP	NAPLES, FL 34120	CITY-ST-ZIP	NAPLES, FL 34102
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERRARI, LIVIO	NAME	CHUCK HEITHAUS
STREET ADDRESS	5770 12TH AVENUE S.W.	STREET ADDRESS	3384 KINGS LAKE BLVD
CITY-ST-ZIP	NAPLES, FL 34116	CITY-ST-ZIP	NAPLES, FL 34112
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY K. DAMICO	NAME	
STREET ADDRESS	92 THORNCREST LANE <input checked="" type="checkbox"/> ADDITION	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34113	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: 		DATE 6/7/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	