


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90008 048 ****70.00

DOCUMENT # N05000004954

1. Entity Name
OPERA NAPLES, INC.



Principal Place of Business
**6017 PINE RIDGE ROAD STE 386
 NAPLES, FL 34119**

Mailing Address
**6017 PINE RIDGE ROAD STE 386
 NAPLES, FL 34119**

40027426



2. Principal Place of Business - No P.O. Box #
 3. Mailing Address

Suite, Apt. #, etc.
3281 GOLDEN GATE PKWY W.

02262007 Chg-NP CR2E037 (12/06)

City & State
NAPLES, FL

4. FEI Number
42-1671038

Applied For
 Not Applicable

Zip
34120

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

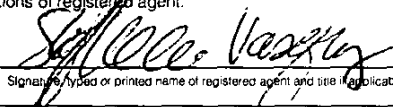
6. Name and Address of Current Registered Agent

**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  **STEFFANIE PEARCE-VASQUEZ** **2-26-07**

Signature, typed or printed name of registered agent and see if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARCE-VASQUEZ, STEFFANIE 3281 GOLDAN GATE BLVD W NAPLES, FL 34120	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEIDL, JEAN 865 NEW WATERFORD DR # 203 NAPLES, FL 34104	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOIRON, RON DR. 54 ANGIULA WAY NAPLES, FL 34120	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASQUEZ, SAMUEL 3281 GOLDEN GATE BLVD. W NAPLES, FL 34120	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRARI, LIVIO 5770 12TH AVENUE S.W. NAPLES, FL 34116	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P PEARCE-VASQUEZ, STEFFANIE - D 3281 GOLDEN GATE PARKWAY WEST NAPLES, FL 34120	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASQUEZ, SAMUEL - D 3281 GOLDEN GATE PARKWAY WEST NAPLES, FL 34120	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRARI, LIVIO - D 5770 12TH AVE SW NAPLES, FL 34116	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S DAMICO, NANCY K. - D 92 Thorncrest Lane NAPLES, FL 34113	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Damico, Frank V - D 92 Thorncrest Lane NAPLES, FL 34113	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached continuation sheet	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Frank V. Damico, Director Feb 28, 2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
40027426

2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT - CONTINUED

DOCUMENT #N050000004954

OPERA NAPLES, INC.

ITEM 11 - CONTINUED:

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK IBERRA (D) 150 MUREY DR. NAPLES, FL 34102	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERALD GOLDBERG (D) 11250 GOLF SHORE BLVD SOUTH NAPLES, FL 34102	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARALYNN DESSAUER (D) 3679 BLUE FLAG WAY NAPLES, FL 34109	Addition
	End of Report	