

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90103 024 \*\*\*\*61.25

**DOCUMENT # N11059**

1. Entity Name  
**BETART-ESTATES PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business: **3551 GORDON DRIVE, NAPLES FL 34102, US**  
 Mailing Address: **3551 GORDON DRIVE, NAPLES FL 34102, US**

2. Principal Place of Business: **3541 GORDON DR.**  
 Suite, Apt. #, etc.

3. Mailing Address: **3541 GORDON DR.**  
 Suite, Apt. #, etc.

City & State: **Naples, FL**  
 City & State: **NAPLES FL**

Zip: **34102** Country: **US**  
 Zip: **34102** Country: **US**



1st MOORE CR2E037 (10/05)

4. FEI Number: **65-0027035** Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent:  
**DIXON, JOHN**  
**3551 GORDON DRIVE**  
**NAPLES FL 34102**

7. Name and Address of New Registered Agent:  
 Name: **Charles H. King**  
 Street Address (P.O. Box Number is Not Acceptable): **3541 Gordon Dr.**  
 City: **Naples** FL Zip Code: **34102**

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: *[Signature]* **CHARLES H. KING, Pres. 5/1/06** DATE

**FILE NOW: FEE IS \$61.25 Due By May 1, 2006**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>S</b>	NAME: <b>BORDAS, LINDA</b> STREET ADDRESS: <b>3539 GORDON DRIVE</b> CITY-ST-ZIP: <b>NAPLES FL 34102</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <b>T</b>	NAME: <b>KING, CHUCK</b> STREET ADDRESS: <b>3541 GORDON DRIVE</b> CITY-ST-ZIP: <b>NAPLES FL 34102</b>	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>Charles H. King</b> STREET ADDRESS: <b>3541 Gordon Dr.</b> CITY-ST-ZIP: <b>Naples, FL 34102</b>
TITLE: <b>VPD</b>	NAME: <b>KATHLEEN, DIXON</b> STREET ADDRESS: <b>3551 GORDON DRIVE</b> CITY-ST-ZIP: <b>NAPLES FL 34102</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <b>PTD</b>	NAME: <b>DIXON, JOHN</b> STREET ADDRESS: <b>3551 GORDON DR</b> CITY-ST-ZIP: <b>NAPLES FL 34102</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <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 Section 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: *[Signature]* **Charles H. King** DATE: **5/1/06** Daytime Phone #: **239-649-4485**