2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State
04-02-2007 90103 027 ****61.25

66009235

DOCUMENT # N95000004455

1. Entity Name
NAPLES ART ASSOCIATION, INC.

Principal Place of Business	Mailing Address
585 PARK ST. NAPLES, FL 34102 US	585 PARK ST. NAPLES, FL 34102 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01052007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1022882 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~POLLOCK, VICTORIA~~ 585 PARK STREET NAPLES, FL 34102	Name TAYLOR C. WELLS Street Address (P.O. Box Number is Not Acceptable) 585 PARK STREET 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 _____ 4/12/07
Signature, typed or printed name of registered agent and title 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SONNENBERG, FRED 8120 LOWBANK DR. NAPLES, FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ~~BLACK, DEBORAH~~ ~~140 SECOND~~ AVE S ~~NAPLES, FL 34102~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FRANK NAPPO 11224 LONGSHORE WAY W NAPLES, FL 34114 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ~~BLACK, JIM~~ ~~140 2ND AVE S~~ ~~NAPLES, FL 34102~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ANN ANSPACH 4692 OSSABAW WAY NAPLES, FL 34119 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~TAYLOR, TOM~~ ~~3825 TAMIAMI TR E #284~~ ~~NAPLES, FL 34112~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ELLIN GOETZ 439 THIRD AVE N. NAPLES, FL 34102 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~CRAMBERS, DEBRA~~ ~~2899 TIDRON DR EAST~~ ~~NAPLES, FL 34103~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ROBERT SALTARELLI 2877 LONE PINE LN. NAPLES, FL 34119 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, ~~KIMBERELY~~ 1395 PANTHER LANE STE300 NAPLES, FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOHNSON, KIMBERLY ☒ Change ☐ 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: C. F. Sonnenberg 18 Jan 07 239/514-7130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C. F. Sonnenberg