

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703709

FILED  
Jan 22, 2006  
Secretary of State

Entity Name: NAPLES FLOTILLA, INC.

## Current Principal Place of Business:

1099 9TH STREET, SOUTH  
NAPLES, FL 34102 US

## New Principal Place of Business:

1099 9TH STREET, SOUTH  
NAPLES, FL 34102 US

## Current Mailing Address:

1099 9TH STREET, SOUTH  
NAPLES, FL 34102 US

## New Mailing Address:

FEI Number: 65-0083472      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

IAZZO, JOHN P T  
6573 MARISSA LOOP  
#1902  
NAPLES, FL 34108 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PLETNICK, JEROME J PD  
Address: 1940 HOLIDAY LANE  
City-St-Zip: NAPLES, FL 34104 US

Title: VPD ( ) Delete  
Name: BREEN, WILLIAM G VPD  
Address: 1818 55TH STREET, SW  
City-St-Zip: NAPLES, FL 34116 US

Title: SD ( ) Delete  
Name: FORTE, RICHARD A SD  
Address: 178 TORREY PINES POINT  
City-St-Zip: NAPLES, FL 34113 US

Title: T ( ) Delete  
Name: IAZZO, JOHN P T  
Address: 6573 MARISSA LOOP, #1902  
City-St-Zip: NAPLES, FL 34108 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MILLER, ALLEN B PD  
Address: 2853 CRAYTON ROAD  
City-St-Zip: NAPLES, FL 34103 US

Title: VPD (X) Change ( ) Addition  
Name: KOPPENHAFFER, FREDERICK J VPD  
Address: 196 FURSE LAKE CIRCLE, #A-11  
City-St-Zip: NAPLES, FL 34104 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN P. IAZZO

T

01/22/2006

Electronic Signature of Signing Officer or Director

Date