

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90077 026 \*\*\*\*61.25

<b>DOCUMENT # 710300</b> 1. Entity Name <b>AQUALANE SHORES ASSOCIATION, INC.</b>					
Principal Place of Business <b>P. O. BOX 1724 NAPLES, FL 34106 US</b>			Mailing Address <b>P. O. BOX 1724 NAPLES, FL 34106 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0125230</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>KENNY, SHARON 411 17TH AVENUE SOUTH NAPLES, FL 34102</b>			7. Name and Address of New Registered Agent Name <b>CONNIE TACKETT</b> Street Address (P.O. Box Number is Not Acceptable) <b>701 21ST AVE. SO.</b> City <b>NAPLES, FL.</b> <b>FL</b> Zip Code <b>34102</b>		
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 <u>Connie Tackett</u> <span style="float: right;">March 10, 2005</span> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LINDABURY, KATHY 2125 MARINA DRIVE NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST V. PRES. JOYCE TICE 559 15TH AVE. S. NAPLES, FL 34102
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FULLER, JOANIE 766 17TH AVENUE SOUTH NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SUSANNE PELICANE 700 21ST AVE. SO. NAPLES, FL 34102
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KEELER, MICHAEL 800 17TH AVE. S NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CRIS STONEBURNER 640 17th AVE. SO. NAPLES, FL 34102
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KENNY, SHARON 411 17TH AVENUE SOUTH NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CONNIE TACKETT 701 21ST AVE. SO. NAPLES, FL 34102
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARTINGTON, BURT 843 17TH AVE S NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND V. PRES. BURT HARTINGTON 843 17th AVE. SO. NAPLES, FL 34102
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Connie Tackett</u> <span style="float: right;">March 10, 2005</span> <span style="float: right;">239-403-3815</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					