2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006
Secretary of State

DOCUMENT# 710300

Entity Name: AQUALANE SHORES ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 1724
NAPLES, FL 34106 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1724
NAPLES, FL 34106 US

New Mailing Address:

FEI Number: 65-0125230 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TACKETT, CONNIE
701-21ST AVE SO
NAPLES, FL 34102 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: 1VO ( ) Delete
Name: TICE, JOYCE
Address: 559-15TH AVE S
City-St-Zip: NAPLES, FL 34102

Title: S ( ) Delete
Name: PEUICANE, SUSANNE
Address: 700-21ST AVE S
City-St-Zip: NAPLES, FL 34102 US

Title: T ( ) Delete
Name: STONEBURNER, CRIS
Address: 640-17TH AVE SO
City-St-Zip: NAPLES, FL 34102

Title: P ( ) Delete
Name: TACKETT, CONNIE
Address: 701-21ST AVE SO
City-St-Zip: NAPLES, FL 34102

Title: 2VP ( ) Delete
Name: HARTINGTON, BURT
Address: 843 17TH AVE S
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TRES (X) Change ( ) Addition
Name: PINHOLSTER, JOHN
Address: 640-17TH AVE SO
City-St-Zip: NAPLES, FL 34102

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 PINHOLSTER TRS 09/05/2006

Electronic Signature of Signing Officer or Director — Date