


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90172 001 \*\*\*\*61.25

|  |                        |  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
|--|------------------------|--|---|---|--|-------|---|---------------------------------|------|-----------------|--|----------------|-------------------|--|-------------|------------------|--|-------|----|---------------------------------|------|-----------------|--|----------------|------------------------|--|-------------|------------------|--|-------|----|---------------------------------|------|---------------|--|----------------|-----------------|--|-------------|------------------|--|-------|----|---------------------------------|------|---------------------|--|----------------|----------------------|--|-------------|------------------|--|-------|--|---------------------------------|------|--|--|----------------|--|--|-------------|--|--|-------|--|---------------------------------|------|--|--|----------------|--|--|-------------|--|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|
| <b>DOCUMENT # 717243</b><br>1. Entity Name<br><b>THE COLONNADE CLUB OF NAPLES, INC.</b>  |                        |  |   |    |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Principal Place of Business<br><b>666 THIRD STREET SOUTH<br/>NAPLES FLA, 33940</b>   |                        |  | Mailing Address<br><b>745 12TH AVENUE S.<br/>STE D<br/>NAPLES, FL 34103</b> |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |                        |  | 3. Mailing Address<br>Suite, Apt. #, etc.                                   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| City & State   |                        |  | City & State  |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Zip  | Country                | Zip  | Country   | 4. FEI Number<br><b>59-1723807</b>  |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                        |  |   | <b>\$8.75</b> Additional Fee Required   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MOORE PROPERTY MGMT<br/>745 12TH AVE S<br/>SUITE D<br/>NAPLES, FL 34102</b>  |                        |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                        |  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |                        | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00</b> May Be Added to Fees  |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>Make check payable to Florida Department of State</b>   |                        |  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">V</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DIGGS, MARSHALL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>666 THIRD ST. SO.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34102</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NEUMANN, ROBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>666 THIRD STREET SOUTH</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34102</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROBERT, JOYCE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>666 3RD ST. SO.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34102</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCLEAR, WILLIAM DR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>666 THIRD ST S. #101</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34102</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div> |                        |  |   |   |  | TITLE | V | <input type="checkbox"/> Delete | NAME | DIGGS, MARSHALL |  | STREET ADDRESS | 666 THIRD ST. SO. |  | CITY-ST-ZIP | NAPLES, FL 34102 |  | TITLE | TD | <input type="checkbox"/> Delete | NAME | NEUMANN, ROBERT |  | STREET ADDRESS | 666 THIRD STREET SOUTH |  | CITY-ST-ZIP | NAPLES, FL 34102 |  | TITLE | PD | <input type="checkbox"/> Delete | NAME | ROBERT, JOYCE |  | STREET ADDRESS | 666 3RD ST. SO. |  | CITY-ST-ZIP | NAPLES, FL 34102 |  | TITLE | SD | <input type="checkbox"/> Delete | NAME | MCLEAR, WILLIAM DR. |  | STREET ADDRESS | 666 THIRD ST S. #101 |  | CITY-ST-ZIP | NAPLES, FL 34102 |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE  | V                      | <input type="checkbox"/> Delete  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   | DIGGS, MARSHALL        |  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   | 666 THIRD ST. SO.      |  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  | NAPLES, FL 34102       |  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  | TD                     | <input type="checkbox"/> Delete  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   | NEUMANN, ROBERT        |  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   | 666 THIRD STREET SOUTH |  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  | NAPLES, FL 34102       |  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  | PD                     | <input type="checkbox"/> Delete  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   | ROBERT, JOYCE          |  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   | 666 3RD ST. SO.        |  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  | NAPLES, FL 34102       |  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  | SD                     | <input type="checkbox"/> Delete  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   | MCLEAR, WILLIAM DR.    |  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   | 666 THIRD ST S. #101   |  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  | NAPLES, FL 34102       |  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  |                        | <input type="checkbox"/> Delete  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   |                        |  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   |                        |  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |                        |  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  |                        | <input type="checkbox"/> Delete  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   |                        |  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   |                        |  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |                        |  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   |                        |  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   |                        |  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |                        |  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   |                        |  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   |                        |  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |                        |  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   |                        |  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   |                        |  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |                        |  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   |                        |  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   |                        |  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |                        |  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 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.   |                        |  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>SIGNATURE:</b> _____ <span style="float: right;"><b>4-28-06</b></span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |                        |  |   |   |  |       |   |                                 |      |                 |  |                |                   |  |             |                  |  |       |    |                                 |      |                 |  |                |                        |  |             |                  |  |       |    |                                 |      |               |  |                |                 |  |             |                  |  |       |    |                                 |      |                     |  |                |                      |  |             |                  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |

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Applied For  
Not Applicable

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