

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723620

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: NEW APPROACH ASSOCIATION, INC.

**Current Principal Place of Business:**

1500 POPHAM DR.  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

1500 POPHAM DR.  
FORT MYERS, FL 33919

**New Mailing Address:**

FEI Number: 59-1408395

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RUDOLPH, MATLAND K  
12995 S. CLEVELAND AVE. STE. 107  
FORT MYERS, FL 33919 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: P ( ) Delete  
Name: AMBER, JOHN  
Address: 1500 POPHAM DRIVE A-1  
City-St-Zip: FORT MYERS, FL 33919

Title: D ( ) Delete  
Name: ROGERS, JANET  
Address: 1500 POPHAM DR B8  
City-St-Zip: FORT MYERS, FL 33919

Title: D (X) Delete  
Name: SAMUEL, MARY  
Address: 1500 POPHAM DR B9  
City-St-Zip: FORT MYERS, FL 33919

Title: VP ( ) Delete  
Name: TARTAGLIA, TOM  
Address: 1500 POPHAM DR.  
City-St-Zip: FORT MYERS, FL 33919

Title: TD ( ) Delete  
Name: FAY, GEORGE  
Address: 1500 POPHAM DR.  
City-St-Zip: FORT MYERS, FL 33919

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: S (X) Change ( ) Addition  
Name: TARTAGLIA, TOM  
Address: 1500 POPHAM DR.  
City-St-Zip: FORT MYERS, FL 33919

Title: T (X) Change ( ) Addition  
Name: FAY, GEORGE  
Address: 1500 POPHAM DR. #A10  
City-St-Zip: FORT MYERS, FL 33919

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: GEORGE FAY

T

04/27/2006

Electronic Signature of Signing Officer or Director

Date