

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR) F**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-07-2006 90040 032 ****61.25

DOCUMENT # 726440

1. Entity Name

BISCAYNE APARTMENTS OF NAPLES, INC.



Principal Place of Business
4900 BISCAYNE DRIVE
NAPLES FL 34112

Mailing Address
4900 BISCAYNE DRIVE
NAPLES FL 34112



1st MOORE CR2E037 (10/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1578687

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGONAGLE, WILLIAM
4900 BISCAYNE DRIVE
#7
NAPLES FL 34112

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ST Delete
NAME: MCGONAGLE, WILLIAM
STREET ADDRESS: 4900 BISCAYNE DR. #7
CITY-ST-ZIP: NAPLES FL

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: VP Delete
NAME: WHIDDEN, BETTY P
STREET ADDRESS: 4900 BISCAYNE DR #1
CITY-ST-ZIP: NAPLES FL 34112

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: P Delete
NAME: MCMULLIN, BRYAN
STREET ADDRESS: 4900 BISCAYNE DR #16
CITY-ST-ZIP: NAPLES FL 34112

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: D Delete
NAME: DEFRANCESCO, HELEN
STREET ADDRESS: 4900 BISCAYNE DR #2
CITY-ST-ZIP: NAPLES FL 34112

TITLE: PRESIDENT Change Addition
NAME: De FRANCESCO Helen
STREET ADDRESS: 4900 BISCAYNE DR #2
CITY-ST-ZIP: NAPLES FL 34112

TITLE: D Delete
NAME: MURRAY, ROSE
STREET ADDRESS: 4900 BISCAYNE DR #6
CITY-ST-ZIP: NAPLES FL 34112

TITLE: D Change Addition
NAME: MURRAY Rose
STREET ADDRESS: 111 WARWICK HILLS DR.
CITY-ST-ZIP: NAPLES, FL 34113

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: DIRECTOR Change Addition
NAME: JILL LEE
STREET ADDRESS: 4900 BISCAYNE DR #8
CITY-ST-ZIP: NAPLES, FL. 34112

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *William J. McGonagle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 18, 2006 (239) 732-1064
Date Signature Print #