

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90230 019 \*\*\*\*61.25

60001836



01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
59-1689006 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

CAMPANA, RICK D. MIN.  
141 MUIRFIELD CIRCLE  
NAPLES, FL 34113

**DO NOT WRITE  
IN THIS SPACE**

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 re-registering)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PCD
NAME	CAMPANA, RICK D. MIN.
STREET ADDRESS	141 MUIRFIELD CIR
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	STD
NAME	CAMPANA, NANCY
STREET ADDRESS	141 MUIRFIELD CIRCLE
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	D
NAME	STEINBERG, DALE
STREET ADDRESS	1313 PELICAN AVE
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	TD
NAME	HERNDON, DUDLEY
STREET ADDRESS	124 MOORINGS PARK DR H202
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	D
NAME	GUST, WILLIAM
STREET ADDRESS	5739 WHITAKER ROAD A101
CITY-ST-ZIP	NAPLES, FL 341122962
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 Jan 2006 (239) 434-7732  
Date Daytime Phone #