



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90026 003 \*\*\*\*61.25

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>DOCUMENT # 736486</b><br>1. Entity Name<br><b>PINE RIDGE CIVIC ASSOCIATION OF NAPLES</b>  |   |  |   |             |  |
| Principal Place of Business<br><b>7000 TRAIL BLVD<br/>NAPLES, FL 34108 US</b>  |   |  | Mailing Address<br><b>P O BOX 770307<br/>NAPLES, FL 34107-0307 US</b>   |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |   |            |  |
| City & State<br><br>Zip  |   | City & State<br><br>Zip  |   | 4. FEI Number<br><b>59-2350137</b><br>Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |  |   | 05062007 Chg-NP CR2E037 (12/06)  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CHEFFY, EDWARD K<br/>821 FIFTH AVE SO<br/>STE - 201<br/>NAPLES, FL 33940</b>   |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City   |  |  |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |  |
| <b>Filing Fee is \$61.25<br/>Due by September 14, 2007</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | Make check payable to<br><b>Florida Department of State</b>                                  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>V<br/>FISHER, JERRY<br/>624 RIDGE DRIVE<br/>NAPLES, FL 34108</b>   | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>BUONOCORE, GEORGE<br/>155 CARIGA RD<br/>NAPLES, FL 34108</b>                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>JONES, ALLAN<br/>6860 TRAIL BLVD<br/>NAPLES, FL 34108</b>    | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>V<br/>HILLER, GEORGIA<br/>153 NORTH ST<br/>NAPLES, FL 34108</b>                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>T<br/>IVY, REBECCA<br/>494 GORDONIA RD<br/>NAPLES, FL 34108</b>    | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>T<br/>DAVIS, NEWTON<br/>77 CENTER ST<br/>NAPLES, FL 34108</b>                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S<br/>PICHT, GEORGE<br/>74 BANYAN ROAD<br/>NAPLES, FL 34108</b>    | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>S<br/>BARKER, SALLY<br/>141 WEST ST<br/>NAPLES, FL 34108</b>                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S<br/>DEHART, ARNOLD<br/>7000 TRAIL BLVD<br/>NAPLES, FL 34108</b>  | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>LONG, JANET<br/>184 HICKORY RD<br/>NAPLES, FL 34108</b>                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>LAUGHLIN, DAVID<br/>705 GORDONIA RD<br/>NAPLES, FL 34108</b> | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>CLINTON, MARY<br/>209 RIDGE DR<br/>NAPLES, FL 34108</b>                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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> <u>Newton Davis</u> <b>TRAVIS NEWTON M. DAVIS</b> 5-8-07 239-598-3148<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |  |   |  |  |