

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90040 023 ****61.25

DOCUMENT # 749650 1. Entity Name NAPLES-COLLIER COUNTY NEIGHBORHOOD WATCH, INC.					
Principal Place of Business 355 GOODLETTE RD N C/O NAPLES CITY POLICE NAPLES, FL 34102 US				Mailing Address 355 GOODLETTE RD N C/O NAPLES CITY POLICE NAPLES, FL 34102 US	
2. Principal Place of Business 355 Riverside Cir. N Suite, Apt. #, etc. 90 Naples City Police City & State Naples, FL. Zip 34102 Country US		3. Mailing Address 355 Riverside Cir. N. Suite, Apt. #, etc. 90 Naples City Police City & State Naples FL. Zip 34102 Country US			
4. FEI Number 59-1954122				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SWEIKERT, EARLE R JR 2116 IMPERIAL CIR NAPLES, FL 34110				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when restoring)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD SWEIKERT, EARLE R JR 2116 IMPERIAL CT. NAPLES, FL 34110	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEIGH, ANTHONY M. 111 WILDNESS DR. #319 NAPLES, FL 34105	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEIGH, ELEANOR 111 WILDNESS DR. #319 NAPLES, FL 34105	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEWMAN, ALAN R 639 94TH AVE N NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEWMAN, LU 639 - 94TH AVENUE N NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Joseph Irene 5091 Coldstream Lane Naples FL. 34104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP John Sobczyk 8248 IBIS COVE Cir. Naples FL. 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP John Sobczyk	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Anthony M. Leigh Treasurer</u> 2-1-04 239-262-4144 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					