


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 749650 1. Entity Name NAPLES-COLLIER COUNTY NEIGHBORHOOD WATCH, INC.	
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Principal Place of Business 355 RIVERSIDE CIR. N C/O NAPLES CITY POLICE NAPLES, FL 34102 US	Mailing Address 355 RIVERSIDE CIR. N C/O NAPLES CITY POLICE NAPLES, FL 34102 US
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-NP CR2E037 (10/03)

4. FCI Number 59-1954122	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SWEIKERT, EARLE R JR 2116 IMPERIAL CIR NAPLES, FL 34110	DO NOT WRITE IN THIS SPACE
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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-instating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SWEIKERT, EARLE R JR 2116 IMPERIAL CT. NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD LEIGH, ANTHONY M. 111 WILDNESS DR. #319 NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD LEIGH, ELEANOR 111 WILDNESS DR. #319 NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP IRENE, JOSEPH 5091 COLDSTREAM LANE NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP SOBEZYK, JOHN 8248 IBIS COVE CIR NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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01/14/05-80047-016 61.25

DO NOT WRITE
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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: *A.M. Leigh, Treasurer* **A.M. LEIGH** **1-11-2005** **239-263-6863**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #