2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 749650

1. Entity Name
NAPLES-COLLIER COUNTY NEIGHBORHOOD WATCH, INC.

Principal Place of Business	Mailing Address
355 RIVERSIDE CIR. N C/O NAPLES CITY POLICE NAPLES, FL 34102 US	355 RIVERSIDE CIR. N C/O NAPLES CITY POLICE NAPLES, FL 34102 US

01302006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-1954122
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SWEIKERT, EARLE R JR
2116 IMPERIAL CIR
NAPLES, FL 34110

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	SWEIKERT, EARLE R JR
STREET ADDRESS	2116 IMPERIAL CT.
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	TD
NAME	LEIGH, ANTHONY M.
STREET ADDRESS	111WILDNESS DR. #319
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	SD
NAME	LEIGH, ELEANOR
STREET ADDRESS	111 WILDNESS DR. #319
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	VP
NAME	IRENE, JOSEPH
STREET ADDRESS	5091 COLDSTREAM LANE
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	VP
NAME	SOBEZYK, JOHN
STREET ADDRESS	8248 IBIS COVE CIR
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/13/06-80071-022 61.25

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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: A.M. Leigh A.M. Leigh, treasurer 2-01-06 239-263-6863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #