

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 22, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # 749650**

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



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**



01162007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-1954122**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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

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

**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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**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	

U000000538800  
01/25/07-80001-012 61.25

**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.

*AM Leigh*

1-16-2007

239-263-6863