



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90024 029 ****61.25

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		
2. Principal Place of Business No P.O. Box # 355 RIVERSIDE DRIVE N. Suite, Apt. #, etc. C/O NAPLES City Police City & State NAPLES Florida Zip 34102 Country USA		3. Mailing Address 355 RIVERSIDE DRIVE N. Suite, Apt. #, etc. C/O NAPLES City Police City & State NAPLES Florida Zip 34102 Country USA			
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEIGH, ANTHONY M. 111 WILDNES DR. #319 NAPLES, FL 34105	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEIGH, ELEANOR 111 WILDNES DR. #319 NAPLES, FL 34105	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IRENE, JOSEPH 5091 COLDSTREAM LANE NAPLES, FL 34104	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOBEZYK, JOHN 8248 IBIS COVE CIR NAPLES, FL 34119	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARRY GERENSTEIN 7621 Garibaldi Court NAPLES FL. 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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.					
SIGNATURE: <u>Anthony M. Leigh</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> 2-16-08 239-263-6863 </div> <small>Date Daytime Phone #</small>					