

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90034 040 \*\*\*\*61.25

<b>DOCUMENT # 750678</b> 1. Entity Name <b>THE FAIRFIELD OF NAPLES, INC.</b>					
Principal Place of Business <b>750 MOORING LINE DRIVE NAPLES, FL 34102 US</b>			Mailing Address <b>750 MOORING LINE DRIVE NAPLES, FL 34102 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2043108</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>STEPHENS, JOHN M 750 MOORING LINE DR #114 NAPLES, FL 34102</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD STEPHENS, JOHN M 750 MOORING LINE DR. #114 NAPLES, FL 34102</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HELMUT POEHLMANN 750 MOORING LINE DR #111 NAPLES, FL 34102</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BELCHER, JACK 555 PUTTER POINT PLACE NAPLES, FL 34103</b>	<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	<b>D BOYD, ROBERT 1965 LAKEWARD LANE BLOOMFIELD HILLS, MI 48302</b>	<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	<b>PD KEISER, JACK C 750 MOORING LINE DRIVE #107 NAPLES, FL 34102</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD JACK C. KEISER 2085 ALAMANDA DRIVE NAPLES, FL 34102</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD HAYES, MARTIN J 328 WESTVIEW AVEUNE LEONIA, NJ 07605</b>	<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	<b>D SILLINGS, JOHN S 1000 PLEASANTVILLE RD. BRIARCLIFF MANOR, NY 10510</b>	<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.					
<b>SIGNATURE: <u>John M. Stephens</u> JOHN M. STEPHENS</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small> <b>1-5-06</b>	<small>Daytime Phone #</small> <b>239 262-3455</b>