


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-06-2006 90021 017 ****61.25

DOCUMENT # 753470					
1. Entity Name MAY-LEE APARTMENTS OF NAPLES, INC.					
Principal Place of Business 1491 CHESAPEAKE AVE NAPLES, FL 34102 US			Mailing Address WILLIAM CANNON 1491 CHESAPEAKE AVE APT #B NAPLES, FL 34102 US		
2. Principal Place of Business		3. Mailing Address JACK McDOWELL 1491 CHESAPEAKE AVE APT C			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State NAPLES		4. FEI Number 26-1362473	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent LYNCH, JOSEPH 1491 CHESAPEAKE BAY APT D NAPLES, FL 34102			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			FL		
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)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANNON, WILLIAM 1491 CHESAPEAKE AVE APT. B NAPLES, FL 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD McDowell, Jack P 1491 CHESAPEAKE AVE NAPLES, FL 34102		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LYNCH, JOSEPH 1491 CHESAPEAKE AVE APT D NAPLES, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CANNON, WILLIAM 1491 CHESAPEAKE AVE 169 FLEUR DE LIS RD NAPLES, FL 34102 NAPLES, FL 39112		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McDowell, Jack P 1491 CHESAPEAKE AVE APT C NAPLES, FL 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERRMANN, DOERNER 1491 CHESAPEAKE AVE NAPLES FL 34102		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERRMANN, DOERNER 1491 CHESAPEAKE AVE APT A NAPLES, FL 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, JOSEPH 1491 CHESAPEAKE AVE NAPLES FL 34102		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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.

William Cannon Secretary