
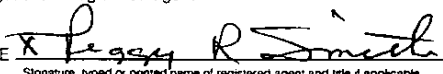
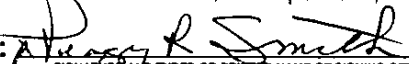


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90065 030 \*\*\*\*61.25

<b>DOCUMENT # 755759</b> 1. Entity Name <b>SECURITY BARN CONDOMINIUM WAREHOUSES ASSOCIATION, INC.</b>					
Principal Place of Business <b>1133 INDUSTRIAL BLVD NAPLES, FL 34104</b>			Mailing Address <b>1133 INDUSTRIAL BLVD NAPLES, FL 34104</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2100051</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KORYTKAWSKI, KATHERINE 1133 INDUSTRIAL BLVD. C14 NAPLES, FL 34104</b>			7. Name and Address of New Registered Agent Name <b>SMITH PEGGY</b> Street Address (P.O. Box Number is Not Acceptable) <b>659 MOORINGLINE DR</b> City <b>NAPLES</b> FL <b>34102</b>		
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  <span style="float: right;">X1-19-07</span> <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, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOOP, RICHARD 4116 PROGRESS AVE NAPLES, FL 34104	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KORYTKOWSKI, KATHERINE 512 105 AVE N NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NARR, DAVE 5311 MAHOGANY RIDGE DR SW NAPLES, FL 34101	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, PEGGY 659 MOORINGLINE DR NAPLES, FL 34102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, PEGGY 659 MOORINGLINE DR NAPLES, FL 34102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, PEGGY 659 MOORINGLINE DR NAPLES, FL 34102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, PEGGY 659 MOORINGLINE DR NAPLES, FL 34102	<input type="checkbox"/> Delete			
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:</b>  <span style="float: right;">PEGGY R. SMITH X1-19-07 239-643-3455</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40006195



01192007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2100051

Applied For  
Not Applicable

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

KORYTKAWSKI, KATHERINE  
1133 INDUSTRIAL BLVD.  
C14  
NAPLES, FL 34104

Name SMITH PEGGY

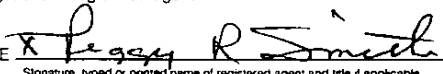
Street Address (P.O. Box Number is Not Acceptable)

659 MOORINGLINE DR

City NAPLES

FL 34102

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SIGNATURE 

X1-19-07

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

**Make check payable to Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
KOOP, RICHARD  
4116 PROGRESS AVE  
NAPLES, FL 34104

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STD  
KORYTKOWSKI, KATHERINE  
512 105 AVE N  
NAPLES, FL 34108

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
NARR, DAVE  
5311 MAHOGANY RIDGE DR SW  
NAPLES, FL 34101

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
SMITH, PEGGY  
659 MOORINGLINE DR  
NAPLES, FL 34102

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STD  
SMITH PEGGY  
659 MOORINGLINE DR.  
NAPLES, FL 34102

☐ Change ☒ Addition

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

TITLE  
NAME  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

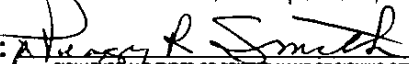
TITLE  
NAME  
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**SIGNATURE:** 

PEGGY R. SMITH X1-19-07 239-643-3455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #