

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90342 018 \*\*\*\*61.25

<b>DOCUMENT # 760862</b> 1. Entity Name <b>SEAGATE PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>5058 SEAHORSE AVE</b> <b>NAPLES, FL 34103 US</b>			Mailing Address <b>PO BOX 770044</b> <b>NAPLES, FL 34107 US</b>		
2. Principal Place of Business <b>5291 SAND DOLLAR LANE</b> Suite, Apt. #, etc. <b>NAPLES</b>		3. Mailing Address <b>SAME</b> Suite, Apt. #, etc. <b>11</b>			
City & State <b>FL</b>		City & State <b>NAPLES, FL</b>		4. FEI Number <b>59-2187214</b>	
Zip <b>34103</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LAFITTE, LAURA</b> <b>5058 SEAHORSE AVE.</b> <b>NAPLES, FL 34103</b>				7. Name and Address of New Registered Agent Name <b>CHARLOTTE H. GROSS</b> Street Address (P.O. Box Number is Not Acceptable) <b>5291 SAND DOLLAR LANE</b> City <b>NAPLES</b> <b>FL</b> Zip Code <b>34103</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 <u><i>Charlotte H. Gross</i></u> <b>Charlotte H. Gross</b> <b>4/25/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VP NAME BLACK, MATT STREET ADDRESS 5064 SEASHELL CITY-ST-ZIP NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete		TITLE AD NAME BUSER, DAVID STREET ADDRESS 5187 STARFISH CITY-ST-ZIP NAPLES, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME RENFORD, NED STREET ADDRESS 5088 SEASHELL AVE. CITY-ST-ZIP NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete		TITLE VP, D NAME MICK SULLIVAN STREET ADDRESS 5187 SEAHORSE CITY-ST-ZIP NAPLES, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME BUSER, DAVID STREET ADDRESS 5187 STARFISH AVE CITY-ST-ZIP NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete		TITLE SDH NAME MARTHA DYKMAN STREET ADDRESS 5040 SEASHELL CITY-ST-ZIP NAPLES, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME LEININGER, SALLY STREET ADDRESS 5065 STARFISH AVE. CITY-ST-ZIP NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete		TITLE TD NAME CHARLOTTE GROSS STREET ADDRESS 5291 SAND DOLLAR LN CITY-ST-ZIP NAPLES, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME CARLSON, JOHN STREET ADDRESS 5106 SEAHORSE CITY-ST-ZIP NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete		TITLE D NAME ERNIE WU STREET ADDRESS 5194 SEAHORSE CITY-ST-ZIP NAPLES, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME LAFITTE, LAURA STREET ADDRESS 5058 SEAHORSE AVE. CITY-ST-ZIP NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete		TITLE D NAME ANN COLGAN STREET ADDRESS 5127 SEASHELL CITY-ST-ZIP NAPLES, FL 34103	<input type="checkbox"/> Change <input checked="" 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><i>Charlotte H. Gross</i></u> <b>CHARLOTTE H. GROSS</b> <b>4/25/06</b> <b>239-597-7288</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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5251 Sand Dollar  
NAPLES, FL 34103

D Jones, Crockett