

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90020 021 ****61.25

DOCUMENT # 761863

1. Entity Name
SAVE THE BAYS ASSOCIATION, INC.



Principal Place of Business
**% E DANIEL SPINA
2800 GULF SHORE BLVD. NORTH, APT 107
NAPLES, FL 34103 US**

Mailing Address
**% E DANIEL SPINA
2800 GULF SHORE BLVD. NORTH, APT 107
NAPLES, FL 34103 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02122005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2193148

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPINA, E DANIEL
2800 GULF SHORE BLVD NORTH, APT 107
NAPLES, FL 33940**

Name

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

City

FL

Zip Code

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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SPINA, E DANIEL
2800 GULF SHORE BLVD NO
NAPLES, FL 34103** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D SPINA, E DANIEL
2800 GULF SHORE BLVD NO
NAPLES, FL 34103** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
TEMPEST, MARILYN
2775 LEAWARD LANE
NAPLES, FL 34103** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/D TEMPEST, MARILYN
2775 LEAWARD LANE
NAPLES, FL 34103** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HERNDON, DUDLEY
324 MORNINGS PARK DR
NAPLES, FL 34105** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T/D HERNDON, DUDLEY
124 MORRIS MORRIS PARK DR H202
NAPLES, FL 34105** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
TENNEYH, EDWARD JR.
2600 GULF SHORE BLVD., N. #34
NAPLES, FL 34103** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D HEALY, DENIS
222 HARBOR DR.
NAPLES, FL 34103** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12 Feb 2005 (235) 434.7732