

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90189 012 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092007

Chg-NP

CR2E037 (12/06)

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

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

7. Name and Address of New Registered Agent

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

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

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **HERNDON, DUDLEY**
CITY-ST-ZIP **124 PARK DR H202**
NAPLES, FL 34105

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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:

Dudley Herndon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 Jan 2007
Date

Daytime Phone #