2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000001183

1. Entity Name
EUROPEAN CHAMBER OF COMMERCE OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
1255 CREEKSIDE PKWY. NAPLES, FL 34108	1255 CREEKSIDE PKWY. NAPLES, FL 34108

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04182006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0996959
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHIPP, THOMAS E JR.
4223 DEL PRADO BLVD
CAPE CORAL, FL 33904

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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.

No change

SIGNATURE _____ DATE
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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHNEIDER-CHRISTIANS, MICHAEL
STREET ADDRESS	1255 CREEKSIDE PKWY.
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	D
NAME	WEHBE-DENNEN, CANDACE
STREET ADDRESS	1255 CREEKSIDE PKWY.
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	D
NAME	HAAKE, ARNOLD J
STREET ADDRESS	1255 CREEKSIDE PKWY.
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	D
NAME	FENELON, DAVID L
STREET ADDRESS	1255 CREEKSIDE PKWY.
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	D
NAME	SCHOLZ, SABINE
STREET ADDRESS	1255 CREEKSIDE PKWY.
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	D
NAME	PAWLIU, SUSANNE
STREET ADDRESS	709 CAPE CORAL PKWY WEST
CITY-ST-ZIP	CAPE CORAL, FL 33914

U00000529358
05/05/06-80097-010 61.25

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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: ✓ [signature] Director/President 239-[illegible]-5522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #