# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 26, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # N00000008065

1. Entity Name
THE LAUTENBACH FAMILY FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1801 GALLEON DR<br>NAPLES, FL 34102 | 1810 GALLEON DR<br>NAPLES, FL 34102 |

04192006 No Chg-NP CRZE037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
06-1602235
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAUTENBACH, NED C
1801 GALLEON DR
NAPLES, FL 34102

**DO NOT WRITE IN THIS SPACE**

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 _____ 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 | DPT |
| NAME | LAUTENBACH, NED C |
| STREET ADDRESS | 1801 GALLEON DR |
| CITY-ST-ZIP | NAPLES, FL 34102 |
| TITLE | DS |
| NAME | LAUTENBACH, CYNTHIA R |
| STREET ADDRESS | 1801GALLEON DR |
| CITY-ST-ZIP | NAPLES, FL 34102 |
| TITLE | D |
| NAME | LAUTENBACH, JOHN B |
| STREET ADDRESS | 15 MERRY LANE |
| CITY-ST-ZIP | WESTON, CT 06883 |
| TITLE | D |
| NAME | MURPHY, SHERRY L |
| STREET ADDRESS | 103 VIA FLORENZA WAY |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33418 |
| TITLE | D |
| NAME | REILING, ALLISON A |
| STREET ADDRESS | 39 MICHEAELA CIRCLE |
| CITY-ST-ZIP | FAIRFIELD, CT 06824 |
| TITLE | D |
| NAME | LAUTENBACH, JEFFREY |
| STREET ADDRESS | 1203 STILSON ROAD |
| CITY-ST-ZIP | FAIRFIELD, CT 06824 |

U00000034293
05/08/06-80006-019 61.25

**DO NOT WRITE IN THIS SPACE**

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:** Ned C. Lautenbach 4-19-06 239-430-2986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #