2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2006 08:00 AM

1. Entity Nan	MENT # N0100000		Secretai	ry of State				
5801 PELICAN BAY BLVD SUITE 600		Mailing Address 5801 PELICAN BAY BL SUITE 600 NAPLES, FL 34108	5801 PELICAN BAY BLVD SUITE 600				2010	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				hg-NP	CR2E037 (11/05)	
City & State		City & State			4. FEI Number 65-108365	55	 	pplied For ot Applicable
Zip	Country	Zip	Zip Cou		5. Certificate of Status Desired		ditional d	
	6. Name and Address of Current	Registered Agent		Name	7. Name and Add	dress of New Rec	gistered Agent	-
	R, TIMOTHY J ICAN BAY BLVD. N	- · · · · · · · · · · · · · · · · · · ·	<u> </u>		Addréss (P.O. Box Number is Not Acceptable)			
NAPLES,		_	' '				!	
		<u> </u>	}	City			FL Zip Cod	
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 on printed many of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								·
			Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		ke check payable to la Department of S	
10.	OFFICERS AND DI		11.		ADDITIONS/CHANG	ES TO OFFICERS	S AND DIRECTORS IN	
Title Name Street address City-St-Zip	HALLORAN, DAN S801 PELICAN BAY BLVD STEE NAPLES, FL 34108	Defete	•	- ,	<u> </u>	U000005 S/04/05-8	24856 20007-003 61	□ Addition .25 -
Title Name Street address City-St-Zip	DV SCARSELLA, TIMOTHY 5801 PELICAN BAY BLVD STEI NAPLES, FL 34108	☐ Delete		•			Change	∏ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD UNSINN, DIANA 5801 PELICAN BAY BLVD STE I NAPLES, FL 34108	Delete	1				☐ Change	☐ Add®ion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			:		Change	☐ Addillan
TITLE NAME STREET ADDRESS CITY-ST-EXP		☐ Dolete		1	:		☐ Change	Addition
Title Name Street address City-St-Zip		☐ Delete	CITY -	E ET ADDRESS -ST-ZIP			☐ Change	Addition
12. Theraby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, it 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 it made under oath; that I am an officer or director of the corporation or the receiver of 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: DAN HALLORAN 4/17/06 239 449 1078 BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DEFECTOR DBIO DBIO DESIGNED OR DESIGNED OR DEFECTOR DBIO DBIO DESIGNED OR DESIGNED								