

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002210

FILED
Apr 17, 2006
Secretary of State

Entity Name: SINGLES NETWORK OF NAPLES, INC.

Current Principal Place of Business:

826 WIGGINS PASS ROAD #312
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

P OBOX 770263
NAPLES, FL 34107

New Mailing Address:

FEI Number: 59-3721447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, WILLIAM L
5150 TAMiami TRAIL N STE 501
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C-C () Delete
Name: VAN CLEVE, VERSIE
Address: LONGSHORE LAKES
City-St-Zip: NAPLES, FL 34110 US

Title: ADV () Delete
Name: DE VRIES, SANDY S
Address: 13020 HAMILTON HARBOUR DR. I-3
City-St-Zip: NAPLES, FL 34110 US

Title: D () Delete
Name: GATEWOOD, HERBERT
Address: 26691 CLARKSTON DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: TRES () Delete
Name: MILLER, BEVERLY
Address: 3491 POINT CREEK COURT
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: SEC () Delete
Name: SANDERS, KEN
Address: 117-A BOBOLINK WAY
City-St-Zip: NAPLES, FL 34105 US

Title: CHR () Delete
Name: LUNDERGAN, JIM
Address: 286105 HIGHGATE DR.
City-St-Zip: BONITA SPRINGS, FL 34135 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C-C (X) Change () Addition
Name: VAN CLEVE, VERSIE
Address: 3057 DRIFTWOOD WAY #4008
City-St-Zip: NAPLES, FL 34109 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERSIE VANCLEVE

C-C

04/17/2006

Electronic Signature of Signing Officer or Director

Date