

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 17, 2006  
Secretary of State**

DOCUMENT# N01000002210

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  
Name:  
Address:  
City-St-Zip:

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

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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