

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90156 007 ****61.25

DOCUMENT # N01000002249 1. Entity Name NORTH BAY CIVIC ASSOCIATION, INC.					
Principal Place of Business PO BOX 770273 NAPLES, FL 34107			Mailing Address PO BOX 770273 NAPLES, FL 34107		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3682919	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FEE, DOUGLAS M 921 CARRICK BEND CIR., #201 NAPLES, FL 34110				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	OPT		TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KARKUT, BONNIE		NAME	Richard Macken	
STREET ADDRESS	945 CARRICK BEND CR #202		STREET ADDRESS	356 Emerald Bay CIR #108	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	DV <input type="checkbox"/> Delete		TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EIDSON, GARY		NAME	Richard Ryder	
STREET ADDRESS	14592 GLEN EDEN DRIVE		STREET ADDRESS	430 Cove Tower DR #904	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	DS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAGENER, WILLIAM		NAME		
STREET ADDRESS	13105 VANDERBILT DRIVE #502		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	DPT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEE, DOUGLAS M		NAME		
STREET ADDRESS	921 CARRICK BEND CIRCLE STE-201		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	DV <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARON, ROBERT L		NAME		
STREET ADDRESS	790 WIGGINS WAY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	DS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOURDELLA, THOMAS J		NAME		
STREET ADDRESS	764 E. VALLEY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34134		CITY-ST-ZIP		
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: 			4/28/06 (239) 513-1040		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		