

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

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



05012007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3682919	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FEE, DOUGLAS M
921 CARRICK BEND CIR., #201
NAPLES, FL 34110

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000760538
05/25/07-80014-022 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKEN, RICHARD 356 EMERALD BAY CIR # 48 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV EIDSON, GARY 14592 GLEN EDEN DRIVE NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WAGENER, WILLIAM 13105 VANDERBILT DRIVE #502 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT FEE, DOUGLAS M 921 CARRICK BEND CIRCLE STE-201 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYDER, RICHARD 430 COVE TOWER DR # 904 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GOURDELLA, THOMAS J 764 E. VALLEY DRIVE NAPLES, FL 34134

**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: *[Signature]* **4/30/07** **234-513-1040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #