2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2009
Secretary of State

DOCUMENT# N01000002249

Entity Name: NORTH BAY CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 770273
NAPLES, FL 34107

New Principal Place of Business:

921 CARRICK BEND CIRCLE #201
NAPLES, FL 34110

Current Mailing Address:

PO BOX 770273
NAPLES, FL 34107

New Mailing Address:

FEI Number: 59-3682919 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FEE, DOUGLAS M
921 CARRICK BEND CIR., #201
NAPLES, FL 34110 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: D ( ) Delete
Name: MACKEN, RICHAR D
Address: 356 EMERALD BAY CIR # 48
City-St-Zip: NAPLES, FL 34110

Title: DV ( ) Delete
Name: EIDSON, GARY
Address: 14592 GLEN EDEN DRIVE
City-St-Zip: NAPLES, FL 34110

Title: DS (X) Delete
Name: WAGENER, WILLIAM
Address: 13105 VANDERBILT DRIVE #502
City-St-Zip: NAPLES, FL 34110

Title: DPT (X) Delete
Name: FEE, DOUGLAS M
Address: 921 CARRICK BEND CIRCLE STE-201
City-St-Zip: NAPLES, FL 34110

Title: D (X) Delete
Name: RYDER, RICHARD
Address: 430 COVE TOWER DR # 904
City-St-Zip: NAPLES, FL 34110

Title: DS (X) Delete
Name: GOURDELLA, THOMAS J
Address: 764 E. VALLEY DRIVE
City-St-Zip: NAPLES, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: FEE, DOUGLAS M
Address: 921 CARRICK BEND CIRCLE #201
City-St-Zip: NAPLES, FL 34110

Title: DS (X) Change ( ) Addition
Name: GARDELLA, THOMAS J
Address: 764 EAST VALLEY DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

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 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: DOUGLAS M FEE P 04/25/2009

Electronic Signature of Signing Officer or Director — Date