


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2006 8:00 am
Secretary of State

08-30-2006 90003 039 ****61.25

DOCUMENT # N01000004559 1. Entity Name NAPLES LAKES COMMERCIAL PROPERTY OWNER'S ASSOCIATION, INC.					
Principal Place of Business C/O ASSET MANAGEMENT, LLC 1 FINANCIAL PLAZA, SUITE 2001 FT. LAUDERDALE, FL 33394			Mailing Address C/O ASSET MANAGEMENT, LLC 1 FINANCIAL PLAZA, SUITE 2001 FT. LAUDERDALE, FL 33394		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MURRAY, DAVID G ESQ 1401 E. BROWARD BLVD. #200 FORT LAUDERDALE, FL 33301				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 6, 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	PSTD	<input checked="" type="checkbox"/> Delete	TITLE	Director, President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURCHIN, LESLIE S		NAME	Michael Hecht	
STREET ADDRESS	%DBR ASSET MGMT, LLC, 1 FINANCIAL PL #2001		STREET ADDRESS	c/o Hecht & Company, P.C.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33394		CITY-ST-ZIP	111 West 40th Street New York, NY 10018	
TITLE		<input type="checkbox"/> Delete	TITLE	D, V, S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Jeffrey Klausner	
STREET ADDRESS			STREET ADDRESS	c/o Hecht & Company, P.C.	
CITY-ST-ZIP			CITY-ST-ZIP	111 West 40th Street New York, NY 10018	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Jeffrey Klausner</i>			8/25/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		
JEFFREY KLAUSNER					