## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **FILED** Mar 20, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # N01000004 MAR NEIGHBORHOOD AS			03	-20-2006 90008 011 ****6	1.25
Principal Place of Business 24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS, FL 34134		Mailing Address 24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS, FL 34134				IDSIDA BI ARRI
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01172006 CH	ng-NP CR2E037 (11/05)	)
City & State		City & State		4. FEI Number 59-373952	•	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Add	ress of New Registered Agent	
24301 WA	S, VIVIEN N LDEN CENTER DRIVE		<u> </u>	ess (P.O. Box Number is f	Not Acceptable)	<del></del>
SUITE 300 BONITA S	PRINGS, FL 34134			·	······································	· · · · · · · · · · · · · · · · · · ·
			City		FL Zip Co	ide
	named entity submits this statement for tions of registered agent.  Signature, typed or printed name of registered agent		registered office or reg		the State of Florida. I am familiar with	n, and accept
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Car Trust Fund (	npaign Financing	\$5.00 May Be Added to Fees	Make check payable Florida Department of	
10,	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BYAL, TIMOTHY P 24301 WALDEN CENTER DRIV BONITA SPRINGS, FL 34134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del></del>	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT TIEBOUT-TOURON, MARCIENI 24301 WALDEN CENTER DRIV BONITA SPRINGS, FL 34134		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Ctange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DAIGLE, LORRAINE T 24301 WALDEN CENTER DRIVI BONITA SPRINGS, FL 34134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	D MAXWELL, JEFFREY 24301 WALDEN CENTER DRIV BONITA SPRINGS, FL 34134	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXION, JAMES 24301 WALDEN CENTER DRIV BONITA SPRINGS, FL 34134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
12. I hereby indicated of the co-	certify that the information supplied will on this report or supplemental report i poration or the receiver or trustee amp or on an attachment with an address.	n this filing does not qualify fo strue and accorate and that r owered to execute this report with all other like/empowered	r the exemptions containy signature shall have as required by Chapter	ined in Chapter 119, Flor the same legal effect as i 617, Florida Statutes; an	ida Statutes. I further certify that the f made under oath; that I am an office d that my name appears in Block 10	information ar or director or Block 11 if

MARCIENNE TIEBOUT TOURON 3/15/06 239.947.2600

SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

Date

Date