

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005448

FILED
May 03, 2007
Secretary of State

Entity Name: NAPLES THUNDER YOUTH BASKETBALL ASSOCIATION, INC.

Current Principal Place of Business:

18513 SANDY COVE DRIVE
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

2316 PINE RIDGE ROAD
#456
NAPLES, FL 34109

New Mailing Address:

18513 SANDY COVE DRIVE
FORT MYERS, FL 33967

FEI Number: 59-3737467 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PINTER, MICHAEL R
4328 CORPORATE SQUARE STE C
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

BROTHERTON, SHARON E
18513 SANDY COVE DRIVE
FORT MYERS, FL 33967 US

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: SHARON BROTHERTON

05/03/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROTHERTON, SHARON
Address: 18513 SANDY COVE DRIVE
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: ROBEY, ANNA
Address: 3560 TORTUGA WAY
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: HUMPHREY, DOUG
Address: 1212 FOREST LAKES BLVD.
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SHARON BROTHERTON

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05/03/2007

Electronic Signature of Signing Officer or Director

Date