

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90060 014 \*\*\*\*61.25

<b>DOCUMENT # N01000006614</b>					
<b>1. Entity Name</b> NATIONAL ASSOCIATION OF ASIAN AMERICAN PROFESSIONALS IN SW FLORIDA, INC.					
<b>Principal Place of Business</b> PO BOX 9875 NAPLES, FL 34101			<b>Mailing Address</b> PO BOX 9875 NAPLES, FL 34101		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03012006    Chg-NP    CR2E037 (11/05)	
City & State		City & State		<b>4. FEI Number</b> 59-3726509	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
ALAIMO, MARVE A 24311 WALDEN CENTER DRIVE, SUITE 201 BONITA SPRINGS, FL 34134				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> WRIGHT, JUDY <b>STREET ADDRESS</b> 500 LOGAN BLVD <b>CITY-ST-ZIP</b> NAPLES, FL 34119	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Wright, Judy <b>STREET ADDRESS</b> 500 Logan Blvd. <b>CITY-ST-ZIP</b> Naples, FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VTD <b>NAME</b> INTHALANSY, VATSANA <b>STREET ADDRESS</b> 8889 PELICAN BAY BLVD. SUITE 200 <b>CITY-ST-ZIP</b> NAPLES, FL 34108	<input type="checkbox"/> Delete		<b>TITLE</b> VD <b>NAME</b> Lin, Jennifer <b>STREET ADDRESS</b> 13140 Whitehaven Ln., #143 <b>CITY-ST-ZIP</b> Fort Myers, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VTD <b>NAME</b> LIN, JUDY <b>STREET ADDRESS</b> 4001 TAMiami TR N <b>CITY-ST-ZIP</b> NAPLES, FL 34103	<input type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> Lin, Judy <b>STREET ADDRESS</b> 4001 Tamiami Trail N. <b>CITY-ST-ZIP</b> Naples, FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> ALAMO, MARVE ANN <b>STREET ADDRESS</b> 24311 WALDEN CENTER DR STE 201 <b>CITY-ST-ZIP</b> NAPLES, FL 34103	<input type="checkbox"/> Delete		<b>TITLE</b> TD <b>NAME</b> Lam, Amy <b>STREET ADDRESS</b> 2151 Khasia Pointe <b>CITY-ST-ZIP</b> Naples, FL 34119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> SLOTE, KIM <b>STREET ADDRESS</b> 2030 SWANSIONS RUN <b>CITY-ST-ZIP</b> NAPLES, FL 34105	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____				239.213.6140	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Judy Lin, President</b>				Daytime Phone #	

**Northern Trust Bank**  
4001 Tamiami Trail North  
Naples, Florida 34103  
(239) 262-8800



**Northern Trust**  
Judy E. Lin  
Trust Officer  
JEL6@ntrs.com

ATTACHMENT  
40028513  
#NO1000006614

March 7, 2006

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: NAAAP-SW Florida  
2006 Not-For-Profit Corporation Annual Report

Dear Madam or Sir,

Please find enclosed an application for the 2006 Not-For-Profit Corporation Annual Report on behalf of the National Association of Asian American Professionals of Southwest Florida, Inc and a check payable to the Florida Department of State for the filing fee of \$61.25.

If you have any questions, please feel free to contact me at 239-213-6140. Thank you.

Sincerely,

Judy Lin  
Trust Officer

Enclosures  
cc: