

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90061 026 \*\*\*\*61.25

**DOCUMENT # N02000002156**

1. Entity Name  
**SINGLES TOGETHER, INC.**



Principal Place of Business  
**5129 CASTELLO DRIVE  
SUITE #1  
NAPLES, FL 34103**

Mailing Address  
**205 WOODSHIRE LANE  
NAPLES, FL 34105**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02062007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**01-0633504**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**IGNAGNI, EVERETT  
7719 JEWEL LANE #204  
NAPLES, FL 34109**

7. Name and Address of New Registered Agent

Name  
**Kalupy, Barbara**

Street Address (P.O. Box Number is Not Acceptable)  
**205 Woodshire Ln**

City  
**Naples**

**FL**

Zip Code  
**34105**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
IGNAGNI, EVERETT  
7719 JEWELL LANE, #204  
NAPLES, FL 34109 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
KALUPY, BARBARA  
205 WOODSHIRE LANE  
NAPLES, FL 34105 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
GROVE, MARLENE  
24797 LAKEMONT COVE LANE #202  
BONITA SPRINGS, FL 34134 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
LAUGHLIN, JOAN  
1400 POMPEI LANE APT 28  
NAPLES, FL 34105 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Kalupy, Barbara  
205 Woodshire Lane  
Naples, FL 34105 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice-President  
Nourse, Kathy  
5075 San Vista Circle  
Naples, FL 34109 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Treasurer  
Seib, Fran  
4646 Crayton Rd  
Naples, FL 34103 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary  
Alderucci, Barbara  
4551 Gulf Shore Blvd N. Apt 1400  
Naples, FL 34103 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:**

*Barbara A. Kalupy Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara A. Kalupy, Pres

*2/23/07*  
Date

*239-434-0962*  
Daytime Phone #