


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90034 026 \*\*\*\*61.25

<b>DOCUMENT # N02000002156</b>					
<b>1. Entity Name</b> SINGLES TOGETHER, INC.					
<b>Principal Place of Business</b> 5129 CASTELLO DRIVE SUITE #1 NAPLES, FL 34103			<b>Mailing Address</b> 205 WOODSHIRE LANE NAPLES, FL 34105		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 01-0633504	
<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>  KALUPY, BARBARA 205 WOODSHIRE LN NAPLES, FL 34109			<b>7. Name and Address of New Registered Agent</b> 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 <u>Barbara Kalupy</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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> NAME STREET ADDRESS CITY - ST - ZIP	DP IGNAGNI, EVERETT <input checked="" type="checkbox"/> Delete 7719 JEWELL LANE, #204 NAPLES, FL 34109		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	Barbara Kalupy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 205 Woodshire Lane Naples, FL 34105	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	DV KALUPY, BARBARA <input checked="" type="checkbox"/> Delete 205 WOODSHIRE LANE NAPLES, FL 34105		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	Kathy Nourse <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8075 San Vista Circle Naples, FL 34109	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	DT GROVE, MARLENE <input checked="" type="checkbox"/> Delete 24797 LAKEMONT COVE LANE #202 BONITA SPRINGS, FL 34134		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	Fran Seib <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4646 Crayton Rd Naples, FL 34103	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	DS LAUGHLIN, JOAN <input checked="" type="checkbox"/> Delete 1400 POMPEI LANE APT 28 NAPLES, FL 34105		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	Barbara Aldenuccio <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4551 Gulf Shore Blvd No. Apt 1400 Naples, FL 34103	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<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> <u>Barbara A. Kalupy</u>			Date <u>02/14/08</u>		Daytime Phone # <u>239-434-0962</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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