

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001730

FILED
Feb 20, 2007
Secretary of State

Entity Name: CORKSCREW ISLAND NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

7000 BIG ISLAND RANCH ROAD
NAPLES, FL 34120

New Principal Place of Business:

Current Mailing Address:

7000 BIG ISLAND RANCH ROAD
NAPLES, FL 34120

New Mailing Address:

FEI Number: 30-0224482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, DOUGLAS L ESQ
616 SANCTUARY ROAD
NAPLES, FL 34120 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPTD () Delete
Name: NOE, P.J.
Address: 7000 BIG ISLAND RANCH ROAD
City-St-Zip: NAPLES, FL 34120

Title: D () Delete
Name: HINSON, JOHN
Address: 19220 IMMOKALEE RD
City-St-Zip: NAPLES, FL 34120

Title: DS () Delete
Name: WILSON, DOUGLAS
Address: 616 SANCTUARY RD
City-St-Zip: NAPLES, FL 34120

Title: D () Delete
Name: DOUGHMAN, MARY
Address: 7000 BIG ISLAND RANCH ROAD
City-St-Zip: NAPLES, FL 34120

Title: P () Delete
Name: MCDANIEL, WILLIAM L JR
Address: 7000 BIG ISLAND RANCH RD
City-St-Zip: NAPLES, FL 34120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPTD (X) Change () Addition
Name: NOE, P.J.
Address: 1060 PURPLE MARTIN DRIVE
City-St-Zip: NAPLES, FL 34120

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RADI, LYNN
Address: 6670 FAWN LANE
City-St-Zip: NAPLES, FL 34120

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DOUGLAS L. WILSON

SEC.

02/20/2007

Electronic Signature of Signing Officer or Director

Date