

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2006 8:00 am**  
**Secretary of State**

09-06-2006 90039 019 \*\*\*\*70.00

<b>DOCUMENT # N04000003477</b> 1. Entity Name GERMAN AMERICAN CLUB HARMONIE, INC.					
Principal Place of Business 7327 MILL POND CIRCLE NAPLES, FL 34109			Mailing Address 7327 MILL POND CIRCLE NAPLES, FL 34109		
2. Principal Place of Business <b>Ralph Brand</b> 443 Dundee Ct. Naples, FL 34104-4776		3. Mailing Address <b>Ralph Brand</b> 443 Dundee Ct. Naples, FL 34104-4776			
Zip Country <u>U.S.A.</u>		Zip Country <u>U.S.A.</u>		08242006 Chg-NP CR2E037 (4/06)	
4. FEI Number 65-0133428				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent MYERS, MELITTA 7327 MILL POND CIRCLE NAPLES, FL 34109			7. Name and Address of New Registered Agent Name Street <b>Ralph Brand</b> 443 Dundee Ct. Naples, FL 34104-4776 City FL Zip Code		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>8-31-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRELL, PETER 2160 18TH AVE NE NAPLES, FL 341203411	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Ralph Brand</b> 443 Dundee Ct. Naples, FL 34104-4776	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAND, RALPH 443 DUNDEE CT. NAPLES, FL 34104	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. <b>E PFEIFER EVA</b> 455 13 <sup>th</sup> AVE., S. NAPLES, FL 34102	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANSONS, INGRID 1590 CLERMONT DR., #104 NAPLES, FL 34109	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES. <b>SCHAEFFER RITA</b> 961 S. COLLIER CT. #309 MARCO ISLAND, FL 34145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAMLOWSKI, WERNER E 5289 TREETOP DR. NAPLES, FL 34113	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. <b>DIDDLE KEN</b> ISLA CIUDAD CT. 3936 NAPLES, FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZIEGELE, DORIS 2352 MAGNOLIA LANE #1 NAPLES, FL 34112	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BEUREN'S PETER</b> 2135 TAMACIRCLE #2 NAPLES, FL 34112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IMMER, WOLFGANG 322 EMERALD BAY CIRCLE #322 NAPLES, FL 34110	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PFEIFFER PETER</b> 455 13 <sup>th</sup> AVE., S. NAPLES, FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:			<b>RALPH BRAND</b> 8-31-06 239-649-1325		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT

40105132

#NO4000003477

ENTERTAINMENT CHAIR PERSON

FARAGO CHARLES

386 MELROSE PLACE

NAPLES, FL. 34101