

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90197 005 ****61.25

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02212006 Chg-NP CR2E037 (11/05)

7. FEL Number 20-1873084 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADVANCED PROPERTY MGMT SERVICE, INC.
3350 WOODS EDGE CIRCLE, STE 104
BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent

Name **Advanced Property Management Service, Inc.**
Street Address (P.O. Box Number is Not Acceptable)
1035 Collier Center Way, #7
City **Naples, FL 34110** Zip Code **FL**

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 Susan L. Thompson SUSAN L. THOMPSON, AGENT 02/21/06
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, 2006

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	DVP	<input type="checkbox"/> Delete
NAME	CHANDLER, TOBY	
STREET ADDRESS	6355 LEXINGTON COURT, #102	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	DST	<input type="checkbox"/> Delete
NAME	CORNILLIE, NANCY	
STREET ADDRESS	6325 LEXINGTON COURT, #201	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MORELLO, FRANK	
STREET ADDRESS	6325 LEXINGTON COURT, #102	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Frank Morello 4/26/06 239-596-1495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #