2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jun 09, 2005 8:00 am Secretary of State 05-13-2005 90229 023 ****61.25

1. Entity Name YANKEES LANDING, INC.												
Principal Place of Business 1440 CHESAPEAKE AVE NAPLES, FL 34102			1440	Mailing Address 1440 CHESAPEAKE AVE NAPLES, FL 34102				66022450				
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					04252005 C	hg-NP	CR2E037 (10/	(03)	
City & State			City & State					4. FEI Number	0518	105		fed For Applicable
Zip	Zip Country			Zip Cou				5. Certificate of S	tatus Desired	□ \$8.75 Fee Ro	5 Additi Squired	onal
	6. Name	and Address of Current	Registere	d Agent		Name		7. Name and Add	iress of New R	ogistered Agent		
VALLEZ, ARTHUR (JERRY) 1440 CHESAPEAKE AVE NAPLES, FL 34102						Street Address (P.O. Box Number is Not Acceptable)						
NAPEES, I												
										FL Zir	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 Signalure, typed or purising remains requested agent area of a applicable. (NOTE: Registered Agent agents agen												
- Filing Fee is \$81.25 9. Election Campaign Due by May 1, 2005 Trust Fund Contribu								\$5.00 May Be Added to Fees		ake check paye ida Department		bo .
10.		OFFICERS AND D	RECTORS		11.			ADDITIONS/CHANG	ES TO OFFICE			
TITLE NAME STREET ADDRESS	1444/144	MARILYN 6 CHESAPEAKE AVE		☐ Defete		E Et address				□ Ch	ange	Addition
CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP	VD HLAVATY 1442 CHE	FL 34102 Y, ANTHONY ESAPEAKE AVE FL 34102		Delete	TITLE NAM STRE		Roi 37	BERT R. LGO GOR APLES FL	CRANS STR, S	JR. □®	ange	☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1440 CHE	ARTHUR (JERRY) ESAPEAKE AVE FL 34102		Ociete,						[] Ch	ange	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZP				☐ Delete						- □ Ch	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Ch	ange	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Deixte	- 1					☐ Ch	ange	☐ Acddion
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and appropriate and that my signature shall have the same legal effect as if made under cett; 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 appliess, with profer in proposered. SIGNATURE:												
I	•	SIGNATURE AND TYPED OF	PRINTED NAM	IS OF BROUGHD OFFICER	OR DURECT	TOP!			Dess	Dayome Ph	one f	1