2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000004321

1. Entity Name
YANKEES LANDING, INC.



Mailing Address

Principal Place of Business 1440 CHESAPEAKE AVE NAPLES, FL 34102

1440 CHESAPEAKE AVE NAPLES, FL 34102

FILED Mar 26, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02232007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 51-0518105

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALLEZ, ARTHUR (JERRY) 1440 CHESAPEAKE AVE NAPLES, FL 34102

DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered again; and title if applicable (NDTE: Registered Again; signature required when reinstating) DATE						
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
NAME STREET ADDRESS CITY-ST-ZIP	PD MORLOCK, KIRBY 8941 WEST 151 STREET PRIOR LAKE, MN 55372				000000679139 04/03/07-80027-001 61.25 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRANS, ROBERT R JR 3260 60TH STREET SW NAPLES, FL 34116					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VALLEZ, ARTHUR (JERRY) 1440 CHESAPEAKE AVE NAPLES, FL 34102			DO		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

12. I hereby certify that the information supplied with this filling does not quality 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 charged, or on an attachment with as address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

TREASURER

2/20/0) Date

Daytime Phone #