


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90034 022 ****61.25

DOCUMENT # N04000005121	
1. Entity Name NORTH NAPLES RESEARCH AND TECHNOLOGY PARK OWNERS ASSOCIATION, INC.	

Principal Place of Business C/O MR JAMES M GOLDIE 16979 OLD 41 NORTH NAPLES FL 34110-8416	Mailing Address C/O MR JAMES M GOLDIE 16979 OLD 41 NORTH NAPLES FL 34110-8416
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2. Principal Place of Business 15 8th Street Suite A	3. Mailing Address 15 8th Street Suite A
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City & State Bonita Springs FL	City & State Bonita Springs FL
Zip 34134	Zip 34134
Country USA	Country USA



1st MOORE CR2E037 (10/05)

4. FEI Number 38-3720189	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDIE, JAMES M C/O MR JAMES M GOLDIE 16979 OLD 41 NORTH NAPLES FL 34110-8416	
7. Name and Address of New Registered Agent Name 15 8th Street Suite A Bonita Springs FL 34134	

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW: 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSON, ALLEN W 16979 OLD 41 NORTH NAPLES FL 34110-8416 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	15 8th Street Suite A Bonita Springs FL 34134 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GOLDIE, JAMES M 16979 OLD 41 NORTH NAPLES FL 34110-8416 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	15 8th Street Suite A Bonita Springs FL 34134 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHEW, WILLIAM 16979 OLD 41 NORTH NAPLES FL 34110-8416 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	15 8th Street Suite A Bonita Springs FL 34134 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/06 2374952004