


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90027 030 \*\*\*\*61.25

|   |                                    |  |  |   |   |  |
|---|------------------------------------|--|--|---|---|--|
| <b>DOCUMENT # N04000006977</b><br>1. Entity Name<br><b>PARADISE COAST PILOT CLUB, INC.</b>  |                                    |  |  |                              |   |  |
| Principal Place of Business<br><b>2720 WHITE BLVD<br/>NAPLES, FL 34117</b>  |                                    |  | Mailing Address<br><b>2720 WHITE BLVD<br/>NAPLES, FL 34117</b> |   |   |  |
| 2. Principal Place of Business  |                                    | 3. Mailing Address   |  |   |   |  |
| Suite, Apt. #, etc.   |                                    | Suite, Apt. #, etc.  |  |   |   |  |
| City & State  |                                    | City & State   |  |   |   |  |
| Zip   | Country                            | Zip  | Country  |   |   |  |
| 6. Name and Address of Current Registered Agent   |                                    |  |  | 7. Name and Address of New Registered Agent   |   |  |
| <b>RHODES, JANICE M<br/>575 ST ANDREWS BLVD<br/>NAPLES, FL 34113</b>  |                                    |  |  | Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |                                    |  |  |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>   |                                    | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |   |  |
| <b>Make check payable to Florida Department of State</b>  |                                    |  |  |   |   |  |
| 10. OFFICERS AND DIRECTORS  |                                    |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |  |
| TITLE   | P <input type="checkbox"/> Delete  |  |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME  | FORESTER, LINDA                    |  |  | NAME  |   |  |
| STREET ADDRESS  | 2720 WHITE BLVD                    |  |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | NAPLES, FL 34117                   |  |  | CITY-ST-ZIP   |   |  |
| TITLE   | PE <input type="checkbox"/> Delete |  |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME  | ANDERSON, SHARON                   |  |  | NAME  |   |  |
| STREET ADDRESS  | 193 SAN LU RUE AVE                 |  |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | NAPLES, FL 34104                   |  |  | CITY-ST-ZIP   |   |  |
| TITLE   | RS <input type="checkbox"/> Delete |  |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME  | PATTEN, PATRICIA                   |  |  | NAME  |   |  |
| STREET ADDRESS  | 3755 WEYMOUTH CIRCLE               |  |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | NAPLES, FL 34112                   |  |  | CITY-ST-ZIP   |   |  |
| TITLE   | T <input type="checkbox"/> Delete  |  |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME  | RHODES, JANICE M                   |  |  | NAME  |   |  |
| STREET ADDRESS  | 575 ST ANDREWS BLVD                |  |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | NAPLES, FL 34113                   |  |  | CITY-ST-ZIP   |   |  |
| TITLE   | SC <input type="checkbox"/> Delete |  |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME  | MCCALLION, CAROL                   |  |  | NAME  |   |  |
| STREET ADDRESS  | 600 VALLEY STREAM DR F-8           |  |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | NAPLES, FL 34113                   |  |  | CITY-ST-ZIP   |   |  |
| TITLE   | D <input type="checkbox"/> Delete  |  |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME  | GLOVER, JUDY                       |  |  | NAME  |   |  |
| STREET ADDRESS  | 5295 21ST AVE SW                   |  |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | NAPLES, FL 34116                   |  |  | CITY-ST-ZIP   |   |  |
| 12. I hereby certify that the information supplied with this filing 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 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. |                                    |  |  |   |   |  |
| <b>SIGNATURE:</b> <i>Linda Forester</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                                    |  |  | 1-31-05 239-353-5336<br><small>Date Daytime Phone #</small>   |   |  |

\*\*\* Please see reversed side for our two additional directors