## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 24, 2006 8:00 am Secretary of State

1. Entity Name	MENT # N0400006 E COAST PILOT CLUB, INC				03-24-2006 90	037 030 ****6	1.25	
Principal Place 2720 WHITE NAPLES, FL	BLVD	Mailing Address 2720 WHITE BLVD NAPLES, FL 34117				5000547	71	
2 Principal Pl	ace of Business	3. Mailing Address						
193 San La Rue Ave 19		193 San La H	3 San La Rue Ave		IISII BBIII BBIII BBIII BBIII	85  4 8   4   5   +   80       <b>#</b>	MTI MI IMTI	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03012006 Ct	ng-NP C	R2E037 (11/05)		
City & State Naples, FL Na		City & State Naples, FL	ity & State ples, FL		3	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	plied For t Applicable	
Zip 34104	Country USA	Zip 34104	Country USA	5. Certificate of St	atus Desired [	□ \$8.75 Add Fee Required		
	-6Name and Address of Current				ress of New Regis	tered Agent		
RHODES, JANICE M			Phy1	Phyllis A. Santini				
575 ST ANDREWS BLVD NAPLES, FL 34113			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
				3321 6th Ave SE				
			Napl	Naples FL Zip Code 34117				
the obligati	named entity submits this statement for ions of registered agent.	r the purpose of changing its re-	gistered office or reg	gistered agent, or both, in	the State of Florida	. I am familiar with,	and accept	
	2							
1.								
SIGNATURE .	Signature, typed or project name of registered agent	and title if applicable. (NOTE: R	egistered Agent signature re	equired when reinstating)	***	DATE		
SIGNATURE .		<del>- ·</del>			Make	DATE	<u> </u>	
SIGNATURE	Signature, typed out free name of registered agent in the state of the	9. Election Camp. Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees	1	<del></del>		
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR	9. Election Camp. Trust Fund Cor	aign Financing  ntribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Florida ES TO OFFICERS A	check payable to Department of SI	tate ! 10	
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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 grustee 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 20 2006 595-