


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2007 08:00
Secretary of Stat

DOCUMENT # N04000006977 1. Entity Name PARADISE COAST PILOT CLUB, INC.	
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Principal Place of Business 193 SAN LA RUE AVE NAPLES, FL 34104	Mailing Address 193 SAN LA RUE AVE NAPLES, FL 34104
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DO NOT WRITE IN THIS SPACE



01292007 , No Chg-NP CR2E037 (4/06)

4. FEI Number 42-1634913	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 SANTINI, PHYLLIS A 3321 6TH AVE SE NAPLES, FL 34117

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORESTER, LINDA 2720 WHITE BLVD NAPLES, FL 34117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, SHARON 193 SAN LU RUE AVE NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUBBARD, JODI 5295 21ST AVE SW NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANTINI, PHYLLIS A 3321 6TH AVE SE NAPLES, FL 34117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE GLOVER, JUDY 5295 21ST AVE SW NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000660422
03/19/07-80025-008 61.25

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 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.

SIGNATURE: Phyllis A. Santini **3-5-07** **239-592-2466**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #