



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90026 009 ****61.25

DOCUMENT # N04000006977					
1. Entity Name PARADISE COAST PILOT CLUB, INC.					
Principal Place of Business 193 SAN LA RUE AVE NAPLES, FL 34104			Mailing Address 193 SAN LA RUE AVE NAPLES, FL 34104		
2. Principal Place of Business - No P.O. Box # 5295 21st Ave SW		3. Mailing Address 5295 21st Ave SW			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03262008 Chg-NP CR2E037 (12/06)	
City & State Naples, FL		City & State Naples, FL		4. FEI Number 42-1634913	
Zip 34116		Country US		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			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$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 D NAME FORESTER, LINDA STREET ADDRESS 2720 WHITE BLVD CITY-ST-ZIP NAPLES, FL 34117	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE P NAME ANDERSON, SHARON STREET ADDRESS 193 SAN LU RUE AVE CITY-ST-ZIP NAPLES, FL 34104	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S NAME HUBBARD, JODI STREET ADDRESS 5295 21ST AVE SW CITY-ST-ZIP NAPLES, FL 34116	<input checked="" type="checkbox"/> Delete		TITLE PP PE NAME Hubbard, Jodi STREET ADDRESS 5400 21st Ave SW CITY-ST-ZIP Naples, FL 34116 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE T NAME SANTINI, PHYLLIS A STREET ADDRESS 3321 6TH AVE SE CITY-ST-ZIP NAPLES, FL 34117	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE PE NAME GLOVER, JUDY STREET ADDRESS 5295 21ST AVE SW CITY-ST-ZIP NAPLES, FL 34116	<input checked="" type="checkbox"/> Delete		TITLE P NAME Glover, Judy STREET ADDRESS 5295 21st Ave SW CITY-ST-ZIP Naples, FL 34116 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE S NAME Folk, Chrisann STREET ADDRESS 661 20th Ave NW CITY-ST-ZIP Naples, FL 34120 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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: <i>Phyllis A. Santini</i>			<i>Phyllis A. Santini</i> 3-26-08 239-592-2466		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		