

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
May 01, 2006 8:00 am
Secretary of State

04-13-2006 90294 028 ****70.00

DOCUMENT # N05000004641					
1. Entity Name NAPLES BAY RESORT WEST PARCEL MASTER PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O 365 FIFTH AVENUE SOUTH SUITE 201 NAPLES, FL 34102			Mailing Address C/O 365 FIFTH AVENUE SOUTH SUITE 201 NAPLES, FL 34102		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03092008 Chg-NP CR2E037 (11/05)	
4. FEI Number 20-4759288				Applied For ☐ Not Applicable	
5. Certificate of Status Desired				☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HASTINGS, CHERYL L GRANT, FRIDKIN, PEARSON ET AL, P.A. 5551 RIDGEWOOD DRIVE, SUITE 501 NAPLES, FL 34108			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 _____ Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when remaining) DATE					
Filing 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					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ☐ Delete BABER, JACK 365 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ☐ Delete CARROLL, PETER 365 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ☐ Delete THOMAS, CHARLES 365 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ 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>Jack Baber</i> 4/7/06 239.454-0600					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					