



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90066 010 ****61.25

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 - No P.O. Box # 3530 KRAFT ROAD SUITE 300 NAPLES, FL 34105 <small>City & State</small>		3. Mailing Address 3530 KRAFT ROAD SUITE 300 NAPLES, FL 34105 <small>City & State</small>		40104300 		
4. FEI Number 20-4759288		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 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
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		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE D	NAME BABER, JACK		<input checked="" type="checkbox"/> Delete	TITLE D	NAME YOUNG, ROY A.	
STREET ADDRESS 365 FIFTH AVENUE SOUTH, SUITE 201	CITY-ST-ZIP NAPLES, FL 34102		<input type="checkbox"/> Change	STREET ADDRESS 3530 KRAFT ROAD SUITE 300	CITY-ST-ZIP NAPLES, FL 34105	
TITLE D	NAME CARROLL, PETER		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS 365 FIFTH AVENUE SOUTH, SUITE 201	CITY-ST-ZIP NAPLES, FL 34102		<input type="checkbox"/> Change	STREET ADDRESS 3530 KRAFT ROAD SUITE 300	CITY-ST-ZIP NAPLES, FL 34105	
TITLE D	NAME THOMAS, CHARLES		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS 365 FIFTH AVENUE SOUTH, SUITE 201	CITY-ST-ZIP NAPLES, FL 34102		<input type="checkbox"/> Change	STREET ADDRESS 3530 KRAFT ROAD SUITE 300	CITY-ST-ZIP NAPLES, FL 34105	
TITLE D	NAME THOMAS, CHARLES		<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS 365 FIFTH AVENUE SOUTH, SUITE 201	CITY-ST-ZIP NAPLES, FL 34102		<input type="checkbox"/> Change	STREET ADDRESS 3530 KRAFT ROAD SUITE 300	CITY-ST-ZIP NAPLES, FL 34105	
TITLE D	NAME THOMAS, CHARLES		<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS 365 FIFTH AVENUE SOUTH, SUITE 201	CITY-ST-ZIP NAPLES, FL 34102		<input type="checkbox"/> Change	STREET ADDRESS 3530 KRAFT ROAD SUITE 300	CITY-ST-ZIP NAPLES, FL 34105	
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: _____			4-20-07 239-434-0600			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #			