

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008450

FILED
Apr 11, 2006
Secretary of State

Entity Name: NORTH CAPTIVA PRESERVATION SOCIETY, INC.

Current Principal Place of Business:

781 RUM ROAD
NORTH CAPTIVA, FL 33924

New Principal Place of Business:

Current Mailing Address:

PO BOX 610
BOKEELIA, FL 33922

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULLER, WENDY
781 RUM ROAD
N CAPTIVA, FL 33924 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MULLER, WENDY
Address: PO BOX 610
City-St-Zip: BOKEELIA, F; 33922

Title: S () Delete
Name: MULLER, MARK
Address: PO BOX 610
City-St-Zip: BOKEELIAPTIVA, FL 33922

Title: D () Delete
Name: DAMICO, DARRYL
Address: 1810 J & C BLVD
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: POWELL, KATHRYNNE
Address: 26 TOWER HILL LN
City-St-Zip: KINNEL, NJ

Title: D () Delete
Name: FLEISHMANN, DIRK
Address: 6670 SW 117 AVE
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WENDY MULLER

PRES

04/11/2006

Electronic Signature of Signing Officer or Director

Date