


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N10722		
1. Entity Name NAPLES PARK AREA ASSOCIATION, INC.		

Principal Place of Business 655 103RD AVE N NAPLES FL 34108 US	Mailing Address 736 100TH AVE NORTH NAPLES FL 34108 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/04)

4. FEI Number 59-2470953	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SOURBEER, MARIE T 736 100TH AVE NORTH 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 title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	GIUSTINIANI, HISAKO
STREET ADDRESS	722 - 103RD AVE. N
CITY-ST-ZIP	NAPLES FL 34108
TITLE	D <input type="checkbox"/> Delete
NAME	BATEMAN, BARBARA
STREET ADDRESS	679-106TH AVE.
CITY-ST-ZIP	NAPLES FL 34108
TITLE	V <input type="checkbox"/> Delete
NAME	LUCANEGRO, MILDRED
STREET ADDRESS	591 - 109TH AVE NORTH
CITY-ST-ZIP	NAPLES FL 34108
TITLE	D <input type="checkbox"/> Delete
NAME	BRINSON, JOHN
STREET ADDRESS	725 97TH AVE. N.
CITY-ST-ZIP	NAPLES FL 34108
TITLE	P <input type="checkbox"/> Delete
NAME	PALUMBO, ROSE
STREET ADDRESS	699 100TH AVE N
CITY-ST-ZIP	NAPLES FL 34108
TITLE	T <input type="checkbox"/> Delete
NAME	SOURBEER, MARIE
STREET ADDRESS	736 100 AVE. N.
CITY-ST-ZIP	NAPLES FL 34108

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000249384
STREET ADDRESS	03/03/05-80026-010 61.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Marie T. Sourbeer* (MARIE T SOURBEER) 3/1/05 239-597-5844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #