2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachmer

SIGNATURE:

May 10, 2006 8:00 am Secretary of State DOCUMENT # N11059 1. Entity Name BETART ESTATES PROPERTY OWNERS ASSOCIATION. 05-10-2006 90103 024 ****61.25 INC. Principal Place of Business Mailing Address 3551 GORDON DRIVE 3551 GORDON DRIVE NAPLES FL 34102 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address 3541 GORDON 60000 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State 4. FEI Number Applied For 65-0027035 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIXON, JOHN 3551 GORDON DRIVE NAPLES FL 34102 City 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 SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition BORDAS, LINDA NAME 3539 GORDON DRIVE STREET ADDRESS STREET ADDRESS NAPLES FL 34102 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition Addition KING, CHUCK NAME NAME STREET ADDRESS 3541 GORDON DRIVE STREET ADDRESS NAPLES FL 34102 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition KATHLEEN, DOXEN NAME NAME 3551 GORDON DRIVE STREET ADDRESS STREET ADDRESS NAPLES FL 34102 CITY-ST-7IP CITY-ST-ZIP ΡTD Delete TITLE TITLE ☐ Change ☐ Addition DIXON, JOHN NAME 3551 GORDON DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34102 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 seceive or truetes empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11

FILED