


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90224 022 \*\*\*\*61.25

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # N11940</b><br>1. Entity Name<br><b>THE TOWN &amp; BEACH CONDOMINIUM ASSOCIATION, INC.</b>  |  |  |   |              |  |
| Principal Place of Business<br><b>360 SECOND STREET SOUTH<br/>NAPLES, FL 33940</b>   |  |  | Mailing Address<br><b>745-12TH AVE. S.<br/>STE AA<br/>NAPLES, FL 34102</b>  |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |   |  |
| City & State   |  | City & State   |   |   |  |
| Zip  | Country  | Zip  | Country   |   |  |
| 4. FEI Number<br><b>59-2121333</b>   |  |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  | <b>\$8.75</b> Additional Fee Required   |   |  |
| 6. Name and Address of Current Registered Agent  |  |  | 7. Name and Address of New Designated Agent   |   |  |
| <b>MOORE PROPERTY MGMT<br/>745-12TH AVE SOUTH<br/>STE AA<br/>NAPLES, FL 34102</b>  |  |  | <b>Coastal Property Management<br/>501 Goodlette Rd. N, Ste A-206<br/>Naples, FL 34102</b>  |   |  |
| 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: <u><i>J.S. Green</i></u> <b>J.S. GREEN</b> <span style="float: right;">4-24-06</span><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |  | 9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   | <b>Make check payable to<br/>Florida Department of State</b>                                  |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PD<br/>PHILLIPS, WILLIAM<br/>360 SECOND STREET SOUTH<br/>NAPLES, FL</b> <input type="checkbox"/> Delete       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VPD<br/>WICK, BLAISE<br/>360 SECOND STREET SOUTH<br/>NAPLES, FL 34102</b> <input type="checkbox"/> Delete     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>T<br/>SAUER, EMMY<br/>360 SECOND ST SOUTH<br/>NAPLES, FL 34102</b> <input checked="" type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S<br/>CRISEIONE, ANN<br/>360 SECOND ST SOUTH<br/>NAPLES, FL 34102</b> <input type="checkbox"/> Delete         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>S &amp; T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> 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. |  |  |   |   |  |
| <b>SIGNATURE:</b> <u><i>William Phillips</i></u> <b>William Phillips</b> <span style="float: right;">4-24-05</span> <span style="float: right;">434-2077</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |  |   |   |  |