


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90057 015 \*\*\*\*61.25

<b>DOCUMENT # N11940</b>			
1. Entity Name <b>THE TOWN &amp; BEACH CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>360 SECOND STREET SOUTH NAPLES, FL 33940</b>		Mailing Address <b>745 - 12TH AVE. S. STE AA NAPLES, FL 34102</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>C/O COASTAL PROPERTY</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>501 GOODLETTE RD N. C-200</b>	
City & State		City & State <b>NAPLES FL</b>	
Zip	Country	Zip	Country
<b>34102</b>		<b>34102</b>	<b>COLLIER</b>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>COASTAL PROPERTY MGMT 501 GOODLETTE RD N STE A-206 NAPLES, FL 34102</b>		<b>Coastal Property Management 501 Goodlette Rd. N, Ste C-200 Naples, FL 34102</b>	
		L 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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 NAME STREET ADDRESS CITY-ST-ZIP	PD PHILLIPS, WILLIAM 360 SECOND STREET SOUTH NAPLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WICK, BLAISE 360 SECOND STREET SOUTH NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CRISEIONE, ANN 360 SECOND ST SOUTH NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.			
SIGNATURE: _____		John S. Green - Manager 2/28/2007 239-434-2077	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

40040016



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4. FEI Number 59-2121333 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required