

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90053 029 ****61.25

DOCUMENT # N13685

1. Entity Name
KIWANIS CLUB OF NORTHSIDE NAPLES, FLORIDA, INC.



Principal Place of Business
**850 PARK SHORE DRIVE
THIRD FLOOR
NAPLES, FL 34103 US**

Mailing Address
**850 PARK SHORE DRIVE
THIRD FLOOR
NAPLES, FL 34103 US**

60002294



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122007 Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2461340

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ZAKS, JOSEPH D
850 PARK SHORE DRIVE
THIRD FLOOR
NAPLES, FL 34103**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PRES** ☒ Delete
NAME **MARTARANO, TIM PRES**
STREET ADDRESS **14979 SAVANNAH DR**
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE **V.P.** ☐ Delete
NAME **SCHUBRING, ROBERT VP**
STREET ADDRESS **779 REEF POINT CR**
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE **SEC** ☒ Delete
NAME **BALLO, RICH SEC**
STREET ADDRESS **339 4TH AVENUE NORTH**
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE **TR** ☒ Delete
NAME **LUKAS, GEORGE TR**
STREET ADDRESS **505 ARBOR LAKE DR.**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Pres** ☒ Change ☒ Addition
NAME **Robert Schubring**
STREET ADDRESS **779 Reef Point Cr**
CITY-ST-ZIP **Naples, FL 34108**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP - Andrew Taworski** ☐ Change ☒ Addition
NAME
STREET ADDRESS **1195 Windswept Ave**
CITY-ST-ZIP **Naples, FL 34109**

TITLE **Sec** ☐ Change ☒ Addition
NAME **Mark Singer**
STREET ADDRESS **5550 Heron Point Dr**
CITY-ST-ZIP **Naples FL 34108**

TITLE **Treas** ☐ Change ☒ Addition
NAME **A. C. GERRIE**
STREET ADDRESS **28523 Chianti Ter**
CITY-ST-ZIP **Bonita Springs, FL 34135**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #