


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90195 023 ****61.25

DOCUMENT # N13780 1. Entity Name NAPLES-PELICAN BAY ROTARY CLUB, INC.					
Principal Place of Business P.O. BOX 110777 NAPLES, FL 34108-0113 US			Mailing Address P.O. BOX 110777 NAPLES, FL 34108-0113 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ASHLEY, N REX 1044 CASTELLO DRIVE STE #106 NAPLES, FL 34103				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="text-align: right;">DATE _____</div>					
Filing Fee is \$61.25 Due by May 1, 2006		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	DP HILLOCK, BEN <input type="checkbox"/> Delete		TITLE	DP DEEKS, BOB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6220 TAYLOR ROAD		NAME	7095 POND CYPRESS CT #101	
STREET ADDRESS	NAPLES, FL 34108		STREET ADDRESS	NAPLES FL 34109	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DPE PREU, PETER <input type="checkbox"/> Delete		TITLE	DPE MANGAN, JEFF <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	566 CORBEL DRIVE		NAME	5121 CASTELLO DR #1	
STREET ADDRESS	NAPLES, FL 34110		STREET ADDRESS	NAPLES FL 34103	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DS PARKS, HARRY <input type="checkbox"/> Delete		TITLE	DS MELLON, RICK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	7707 GROVES ROAD		NAME	116 EDMERE WAY S	
STREET ADDRESS	NAPLES, FL 34109		STREET ADDRESS	NAPLES FL 34105	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DT CARNEY, BOB <input type="checkbox"/> Delete		TITLE	DT HAAN, BOB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4099 TAMIAMI TR STE 100		NAME	4084 ARNOLD AVE	
STREET ADDRESS	NAPLES, FL 34103		STREET ADDRESS	NAPLES FL 34104	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D ASHLEY, N REX <input type="checkbox"/> Delete		TITLE		
NAME	1044 CASTELLO DR STE 106		NAME		
STREET ADDRESS	NAPLES, FL 34103		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>N Rex Ashley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/25/06 239-261-7200 <small>Date Daytime Phone #</small>		