

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90255 050 ****61.25

20044851



04142005 Chg-NP CR2E037 (10/03)

4. FEI Number **65-0169846** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

DIANA GURGES, ACCOUNTANT
3400 TAMiami TRAIL NORTH
STE - 202
NAPLES, FL 34103-3717

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, 2005

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	DVP	<input type="checkbox"/> Delete
NAME	KILLPACK, ANNE ROSE	
STREET ADDRESS	3400 TIMBERWOOD CIR	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BARLEY, CHARLES	
STREET ADDRESS	3308 TIMBERWOOD CIRCLE	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	RALSTON, OLIVIA	
STREET ADDRESS	3330 TIMBERWOOD CIRCLE	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANKFORD, BILL	
STREET ADDRESS	3329 TIMBERWOOD CIRCLE	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEMIM, CHRISTOPHER	
STREET ADDRESS	3332 TIMBERWOOD CIR	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLOWAY, Jerry	
STREET ADDRESS	3383 Timberwood Circle	
CITY-ST-ZIP	Naples, FL 34105	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONLIN-Moore, MARY	
STREET ADDRESS	3316 Timberwood Circle	
CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

4/26/05
Date

239-825-0845
Daytime Phone #