2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N23785

1. Entity Name
FRIENDS OF ROOKERY BAY, INC.

Principal Place of Business	Mailing Address
300 TOWER RD NAPLES, FL 34113 US	300 TOWER RD NAPLES, FL 34113 US

01302006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0094703
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SWAIN, RON
4977 BERKELEY DRIVE
NAPLES, FL 34112

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000419051
02/14/06-80031-014 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	YODER-SWAIN, LOIS M.
STREET ADDRESS	4977 BERKELEY
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	VPD
NAME	BERLAM, ROBERT A.
STREET ADDRESS	6993 LELY ISLAND DRIVE
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	TD
NAME	SWAIN, RON
STREET ADDRESS	4977 BERKELEY DRIVE
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	SD
NAME	SWAIM, RONALD E.
STREET ADDRESS	4977 BERKELEY DRIVE
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	D
NAME	BAUER, MIKE
STREET ADDRESS	109 DEBRON DRIVE
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	D
NAME	PENNIMAN, NICK
STREET ADDRESS	611 POSTAL DRIVE
CITY-ST-ZIP	NAPLES, FL 34102

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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: _____ 1-31-06 239-417-6310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #