## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N27769

**FILED** May 11, 2005 Secretary of State

Entity Name: NAPLES AREA INTERGROUP, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

NAPLES, FL 339406212 US

**Current Mailing Address: New Mailing Address:** 

85 12 ST S

NAPLES, FL 339406212 US

FEI Number: 68-0058266 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOLLIDAY, ARLENE 4401-29TH PL S.W. NAPLES, FL 34116

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete MILLIREN, JEREMY Name: 720- WEBER BLVD SOUTH Address:

US

City-St-Zip: NAPLES, FL 34117

Title: () Delete SCHOOLMEISTER, JOHN Name:

Address: 2865 MILLRUN ST. City-St-Zip: NAPLES, FL 34104

Title: () Delete NOBLE, DAVID Name: 18 LANA CIRCLE Address: City-St-Zip: NAPLES, FL 34112

Title: DS ( ) Delete Name: MILLEREN, SAMANTHA 2865 MILLRUN ST. Address: City-St-Zip: NAPLES, FL 34112

Title: () Delete

HOLLIDAY, ARLENE Name: 4401-29TH PL SW Address: City-St-Zip: NAPLES, FL 34116

(X) Change ( ) Addition

EDDLEMAN, JERRY Name: Address: 5634 CEDAR TREE LANE City-St-Zip: NAPLES, FL 34117

Title: DV (X) Change ( ) Addition

Name: SELLS, CRAIG Address: 2259 CHLOE TERRACE City-St-Zip: NAPLES, FL 34104

Title: (X) Change ( ) Addition

BARCELLONA, DON Name: Address: 18 LANA CIRCLE City-St-Zip: NAPLES, FL 34112

Title: DS (X) Change ( ) Addition

Name: CIANI, IRENE Address: 1101-99TH ST. City-St-Zip: NAPLES, FL 34109

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY EDDLEMAN OF 05/11/2005