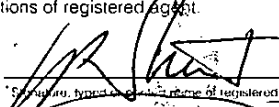
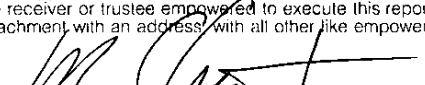


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 03, 2006 8:00 am
Secretary of State

07-03-2006 90002 024 ****61.25

DOCUMENT # N27769 1. Entity Name NAPLES AREA INTERGROUP, INC.					
Principal Place of Business 85 12 ST S NAPLES FL 33940-6212 US			Mailing Address 85 12 ST S NAPLES FL 33940-6212 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 68-0058266	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLLIDAY, ARLENE 4401-29TH PL S.W. NAPLES FL 34116			7. Name and Address of New Registered Agent Name William P. STRENKERT Street Address (P.O. Box Number is Not Acceptable) 525 BAREFOOT WILLIAMS ROAD #225 NAPLES City FL Zip Code 34113		
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 3/1/6 (Signature, typed name of registered agent and legal applicability) (NOTE: Registered Agent signature required when reappointing)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006			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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC EDDLEMAN, JERRY 5634 CEDAR TREE LANE NAPLES FL 34117	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIR. SELLS, CRAIG 2259 CHLOE TERRACE NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SELLS, CRAIG 2259 CHLOE TERRACE NAPLES FL 34104	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHAIR CARTER, RICHARD 550 NEAPOLITAN WAY NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BARCELLONA, DON 18 LANA CIRCLE NAPLES FL 34112	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER WYATT, TAMARA 264 YORKSHIRE CT. NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CIANI, IRENE 1101-99TH ST. NAPLES FL 34109	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY BROWN, MARY 995 9TH AVE S. NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OF HOLLIDAY, ARLENE 4401-29TH PL SW NAPLES FL 34116	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICE MGR STRENKERT, William P. 525 BAREFOOT WILLIAMS RD #225 NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE 6/30/6 239 262 6531 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					