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	Mailing Address
85 12 ST S NAPLES FL 33940-6212 US	85 12 ST S NAPLES FL 33940-6212 US

1st MOORE CR2E037 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 68-0058266 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOLLIDAY, ARLENE 4401-29TH PL S.W. NAPLES FL 34116	Name WILLIAM P. STRENKERT Street Address (P.O. Box Number is Not Acceptable) 525 BAREFOOT WILLIAMS ROAD #225 City NAPLES 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 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2006
check #4803

☐ 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	CHAIR. SELLS, CRAIG 2259 CHLOE TERRACE NAPLES, FL 34104	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SELLS, CRAIG 2259 CHLOE TERRACE NAPLES FL 34104	☑ Delete	V CHAIR CARTER, RICHARD 550 NEAPOLITAN WAY NAPLES, FL 34103	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BARCELLONA, DON 18 LANA CIRCLE NAPLES FL 34112	☑ Delete	TREASURER WYATT, TAMARA 264 YORKSHIRE CT. NAPLES, FL 34112	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS CIANI, IRENE 1101-99TH ST. NAPLES FL 34109	☑ Delete	SECRETARY BROWN, MARY 995 9TH AVE S. NAPLES, FL 34102	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OF HOLLIDAY, ARLENE 4401-29TH PL SW NAPLES FL 34116	☑ Delete	OFFICE MGR STRENKERT, WILLIAM P. 525 BAREFOOT WILLIAMS RD #225 NAPLES, FL. 34113	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Delete		☐ 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: _____ 6/30/6 239 262 6534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #