

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N31565

1. Entity Name
CITIZENS TO PRESERVE NAPLES BAY, INC.



Principal Place of Business
**P.O. BOX 3160
NAPLES, FL 34106 US**

Mailing Address
**P.O. BOX 3160
NAPLES, FL 34106 US**



02152005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0266464

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WEIGEL, JAMES R
520 ANCHOR RODE DRIVE
NAPLES, FL 34103**

**DO NOT WRITE
IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TIMMINS, HARRY 555 KINGSTOWN DRIVE NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WIEGEL, JAMES R 520 ANCHOR RODE DRIVE NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, EDWIN M 587 SERENDIPITY DRIVE NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000275229
03/24/05-80044-006 70.00

**DO NOT WRITE
IN THIS SPACE**

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

James R. Weigel

James R. Weigel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/05

Date

(239)659-0222

Daytime Phone #