

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 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	
DO NOT WRITE IN THIS SPACE		
4. FEI Number 65-0266464		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		
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: <u>James R. Weigel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>James R Weigel</u> <small>Treasurer</small>
		<u>4-28-06</u> <small>Date Daytime Phone #</small>

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IN THIS SPACE**