

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 06, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N31565**

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



Principal Place of Business  
**555 KINGSTOWN DRIVE  
NAPLES, FL 34102 US**

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



06062008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0266464**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	TIMMINS, HARRY
STREET ADDRESS	555 KINGSTOWN DRIVE
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	STD
NAME	WEIGEL, JAMES R
STREET ADDRESS	520 ANCHOR RODE DRIVE
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	D
NAME	WILLIAMS, EDWIN M
STREET ADDRESS	7012 VERDE WAY
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/06/08-80004-017 70.00

**DO NOT WRITE  
IN THIS SPACE**

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.

(239)

**SIGNATURE:**

*James R. Weigel*

**James R. Weigel**

**8/1/08**

**263-3090**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #