

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-03-2006 90252 048 ****61.25

| | | | | | |
|--|---------------------------------|---|--|---|--|
| DOCUMENT # N41558 1. Entity Name EVENINGSTAR CAY NEIGHBORHOOD ASSOCIATION, INC. | | | | | |
| Principal Place of Business 834 BALD EAGLE DR MARCO ISLAND, FL 34145 | | | Mailing Address 834 BALD EAGLE DR MARCO ISLAND, FL 34145 | | |
| 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 65-0248092 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent ROSENOW, ROBERT RESORT MANAGEMENT 834 BALD EAGLE DR MARCO ISLAND, FL 34145 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PELKEY, NANCY | | NAME | | |
| STREET ADDRESS | 203 EVENINGSTAR CAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES, FL 34114 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BICKAL, MICHAEL | | NAME | | |
| STREET ADDRESS | 152 EVENINGSTAR CAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES, FL 34114 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LAUFFER, JAMES | | NAME | | |
| STREET ADDRESS | COVE VILLAGE RR1 | | STREET ADDRESS | | |
| CITY-ST-ZIP | ZION GROVE, PA 17985 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LI, PHILLIP | | NAME | | |
| STREET ADDRESS | 15960 NW 81ST CT | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI LAKES, FL 33016 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WRIGHT, KIT | | NAME | | |
| STREET ADDRESS | P.O. BOX 4433 | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAFAYETTE, IN 47903 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: <i>James R. Lauffer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date: 4/27/06 Daytime Phone #: JAMES R LAUFFER 239-642-9042 | | |