

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90028 024 \*\*\*\*61.25

<b>DOCUMENT # N41558</b> 1. Entity Name <b>EVENINGSTAR CAY NEIGHBORHOOD ASSOCIATION, INC.</b>					
Principal Place of Business <b>834 BALD EAGLE DR MARCO ISLAND, FL 34145</b>			Mailing Address <b>834 BALD EAGLE DR MARCO ISLAND, FL 34145</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0248092</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROSENOW, ROBERT RESORT MANAGEMENT 834 BALD EAGLE DR MARCO ISLAND, FL 34145</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> PD <b>PELKEY, NANCY</b> <b>203 EVENINGSTAR CAY</b> <b>NAPLES, FL 34114</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> TD <b>Bretl, Michael</b> <b>P.O. Box 537</b> <b>Marinette, WI 54143</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> VD <b>BICKAL, MICHAEL</b> <b>152 EVENINGSTAR CAY</b> <b>NAPLES, FL 34114</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> S <b>Lauffer, Marilyn</b> <b>Cove Village Rte Box 2380</b> <b>Zion Grove, PA 17985</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> TD <b>LAUFFER, JAMES</b> <b>COVE VILLAGE RR1</b> <b>ZION GROVE, PA 17985</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> VP <b>LI, PHILLIP</b> <b>15960 NW 81ST CT</b> <b>MIAMI LAKES, FL 33016</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> SD <b>WRIGHT, KIT</b> <b>P.O. BOX 4433</b> <b>LAFAYETTE, IN 47903</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> D <b>Gulledge, Robert</b> <b>142 Eveningstar Cay</b> <b>Naples, FL 34114</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u>Nancy L. Pelkey - Nancy L. PELKEY (4/10/07)</u> <span style="float: right;">239-642-5466</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					