


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90017 002 \*\*\*\*61.25

<b>DOCUMENT # N41807</b> 1. Entity Name <b>THE WENTWORTH NEIGHBORHOOD ASSOCIATION, INC.</b>					
Principal Place of Business <b>250 VENICE GOLF CLUB DRIVE VENICE, FL 34292</b>			Mailing Address <b>250 VENICE GOLF CLUB DRIVE VENICE, FL 34292</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02222006 Chg-NP CR2E037 (11/05)	
4. FEI Number <b>65-6093004</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BARBARA THOMAS 250 VENICE GOLF CLUB DRIVE VENICE, FL 34292</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
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, 2006</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	PD KEGEL, JOY 250 VENICE GOLF CLUB DRIVE VENICE, FL 34292	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DENERT, JACK 250 VENICE GOLF CLUB DRIVE VENICE, FL 34292	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.D Lynch, Linda 250 Venice Golf Club Dr. Venice, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAGILL, CHARLES 250 VENICE GOLF CLUB DRIVE VENICE, FL 34292	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D North, John 250 Venice Golf Club Dr. Venice, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SULZER, ROBERT 250 VENICE GOLF CLUB DRIVE VENICE, FL 34292	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHULTE, WENDY 250 VENICE GOLF CLUB DRIVE VENICE, FL 34292	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D Bellone, Elmer 250 Venice Golf Club Dr. Venice, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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> <i>James E. Kegel</i>			260/06 941-496-8482		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		