2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

1. Entity Nam	an	# N46250		Apr 17, 2006 08:00 AM Secretary of State						
LE CIEL F	PARK TO	WER ASSOCIATIO			(505)	_			
Principal Place of Business Mailing Address					<u> </u>	1			1,403	
3991 GULF SHORE BOULEVARD NORTH 3991 NAPLES FL 34103 NAPL				991 GULF SHORE BOULEVARD NORTH APLES FL 34103						
2. Principal Place of Business			3. Mailing Address					EN YEN GIBN GIB	re describit del l'anne se se c	וניען ומ ופוו
Suite, Apt. #, etc.			Suite, Apt. f	, etc.		1st MC	DORE (CR2E037	(10/05)	
City & State			City & State			4. FCI Number	55-0299145		L	plied For t Applicable
Zip		Country	Zip	Con	untry	5. Certificate of S	tatus Desired		8.75 Add se Required	
	6. Name	and Address of Current	Registered Agent		Name	7. Name and Add	dress of New Re	egistered A	gent	
ADAMO IOCEDILE						(P.O. Box Number is	Not Acceptable	FL	Zip Code	
	tions of regist	or printed name of registered eigent			ed office or register		the State of Flor	rida. I am fa	् एक्सोंबर with, :	and accept
	Due By	: FEE IS \$61.25 May 1, 2006	Tn	ection Campaign F ust Fund Contribut		\$5.00 May Be Added to Fees		ke Check la Departi		
10.	IP.	OFFICERS AND DI		11.		ADDITIONS/CHANC	SES TO OFFICER			
TITLE NAME STREET ADDRESS CHY-SI-ZIP	ARGITIS, J	SHORE BLVD N # PH			į.	_ 04	U0000051 1/2 <mark>9/06-8</mark> 0	15911	□ Change 8 61.25	Addition
TITLE NAME STIREET ADDRESS CITY-ST-ZIP	T PENNELLA 3991 GULF NAPLES FI	SHORE BLVD N # 140	□ 0 14	nan Str	1				☐ Change	Addition
TITLE NAME STREET ADDRESS CATY-S1-ZIP	S RAY, ROGI 3991 GULF NAPLES FI	SHORE BLVD N # 804	□ 5	NAM SIR	í				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCOTT, DO 3991 GULF NAPLES FI	SHORE BLVD N # 203	□ £	NAA STR	- 1				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERLING, 3991 GULF NAPLES FI	SHORE BLVD N # 100	□ ε	NAM STR	₹ .				Change	☐ Addition
THE NAME STREET NOORESS CITY-ST-ZIP				NAN Siri	1				☐ Change	Addition
12. I hereby indicated of the colif change	certify that the i on this report poration or to ad, or on an a	e information supplied with or supplemental report in the receiver or trustee email and trustee email and address the control of the receiver of trustee email and address the receiver of the	th this filling does not strue and accurate cowered to execute is, with all other like	or qualify for the e and that my signa this report as req empowered.	xemptions contains ture shall have the uired by Chapter 6	ed in Section 119, Fi same legal effect as 17, Florida Statutes;	orida Statutes. I if made under c and that my nam	further certinath, that has appears i	ly that the ir n an officer n Block 10 c	nformation or director or Block 11

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