

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90033 016 ****61.25

DOCUMENT # N48875

1. Entity Name

EAST NAPLES CIVIC ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**3823 TAMiami TRAIL EAST
PMB 274
NAPLES FL 34112
US**

**3823 TAMiami TRAIL EAST
PMB 274
NAPLES FL 34112
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0357431

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZEMAN, ANTON
3823 TAMiami TRAIL E
PMB 274
NAPLES FL 34112**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: ☐ Delete
NAME: **ZEMAN, ANTON L**
STREET ADDRESS: **3823 TAMiami TRAIL E, PMB 274**
CITY-STATE-ZIP: **NAPLES FL 34112**

TITLE: ☒ Delete
NAME: **MURRAY, ROBERT**
STREET ADDRESS: **3823 TAMiami TRAIL E, PMB 274**
CITY-STATE-ZIP: **NAPLES FL 34112**

TITLE: ☐ Delete
NAME: **VD CANNON, TOM**
STREET ADDRESS: **3823 TAMiami TRAIL E, PMB 274**
CITY-STATE-ZIP: **NAPLES FL 34112**

TITLE: ☐ Delete
NAME: **S BEISLER, TED**
STREET ADDRESS: **3828 TAMiami TR EAST PMB 274**
CITY-STATE-ZIP: **NAPLES FL 34112**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ Change ☐ Addition

TITLE: ☒ Change ☐ Addition
NAME: **PD CANNON, Tom**
STREET ADDRESS: **3823 TAMiami TRAIL E. PMB 274**
CITY-STATE-ZIP: **NAPLES FL 34112**

TITLE: ☒ Change ☐ Addition
NAME: **SD BEISLER, Ted**
STREET ADDRESS: **3823 TAMiami TRAIL E. PMB 274**
CITY-STATE-ZIP: **NAPLES FL 34112**

TITLE: ☐ Change ☒ Addition
NAME: **VD JAMES PUSATERI**
STREET ADDRESS: **3823 TAMiami TRAIL E. PMB 274**
CITY-STATE-ZIP: **NAPLES, FL 34112**

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Anton L. Zeman

ANTON L. ZEMAN

(239) 417-0066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #