2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006
Secretary of State

DOCUMENT# N95000004455

Entity Name: NAPLES ART ASSOCIATION, INC.

Current Principal Place of Business:

585 PARK ST.
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

585 PARK ST.
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 59-1022882 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POLLOCK, VICTORIA
585 PARK STREET
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	SCOVILLE, PAT	
Address:	500 BALD EAGLE	
City-St-Zip:	NAPLES, FL 34105	
Title:	VP	( ) Delete
Name:	HERSTIN, SCOTT	
Address:	765 SEAGATE DR.	
City-St-Zip:	NAPLES, FL 34103	
Title:	T	( ) Delete
Name:	SMITH, CHERRY	
Address:	1886 SEVILLE BLVD # 1622	
City-St-Zip:	NAPLES, FL 34109	
Title:	D	( ) Delete
Name:	TAYLOR, TOM	
Address:	3823 TAMIAMI TR E. #284	
City-St-Zip:	NAPLES, FL 34112	
Title:	D	( ) Delete
Name:	BLACK, DEBBIE	
Address:	140 SECOND AVE S	
City-St-Zip:	NAPLES, FL 34102	
Title:	D	( ) Delete
Name:	JOHNSON, KIMBERELY	
Address:	1395 PANTHER LANE STE300	
City-St-Zip:	NAPLES, FL 34109	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	SONNENBERG, FRED	
Address:	8120 LOWBANK DR.	
City-St-Zip:	NAPLES, FL 34109	
Title:	VP	(X) Change ( ) Addition
Name:	BLACK, DEBORAH	
Address:	140 SECOND AVE S	
City-St-Zip:	NAPLES, FL 34102	
Title:	T	(X) Change ( ) Addition
Name:	BLACK, JIM	
Address:	140 2ND AVE S	
City-St-Zip:	NAPLES, FL 34102	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	CHAMBERS, DEBRA	
Address:	2899 TIBRON DR EAST	
City-St-Zip:	NAPLES, FL 34103	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM BLACK TREA 02/03/2006

Electronic Signature of Signing Officer or Director — Date