

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-02-2007 90103 027 ****61.25

DOCUMENT # N95000004455

1. Entity Name
NAPLES ART ASSOCIATION, INC.



Principal Place of Business
**585 PARK ST.
NAPLES, FL 34102 US**

Mailing Address
**585 PARK ST.
NAPLES, FL 34102 US**

66009235



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052007 Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1022882

Applied For
Not Applicable

Zip

Country

Zip

Country

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

~~POLLOCK, VICTORIA~~
**585 PARK STREET
NAPLES, FL 34102**

Name **TAYLOR C. WELLS**
Street Address (P.O. Box Number is Not Acceptable)
585 PARK STREET
City **NAPLES** FL Zip Code **34102**

8. The above named entry 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 reissuing)

DATE

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SONNENBERG, FRED
8120 LOWBANK DR.
NAPLES, FL 34109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
~~BLACK, DEBORAH~~
~~140 SECOND AVE S~~
~~NAPLES, FL 34102~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FRANK NAPPO ☒ Change ☐ Addition
11224 LONGSHORE WAY W
NAPLES, FL 34114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
~~BLACK, JIM~~
~~140 2ND AVE S~~
~~NAPLES, FL 34102~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ANN ANSPACH ☒ Change ☐ Addition
4692 OSSABAW WAY
NAPLES, FL 34119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
~~TAYLOR, TOM~~
~~3025 TAMMAMTRE #284~~
~~NAPLES, FL 34102~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ELLIN GOETZ ☒ Change ☐ Addition
439 THIRD AVENUE
NAPLES, FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
~~CHAMBERS, DEBRA~~
~~2809 THORN OAK EAST~~
~~NAPLES, FL 34108~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ROBERT SALTARELLI ☒ Change ☐ Addition
2877 LONE PINE LN.
NAPLES, FL 34119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
~~JOHNSON, KIMBERLY~~
~~1395 PANTHER LANE STE300~~
~~NAPLES, FL 34109~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JOHNSON, KIMBERLY ☒ Change ☐ 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 Jan 07 239/514-7130

Date

Area Phone

C. F. Sonnenberg