

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000005287

1. Entity Name
NAPLES SLALOM SKIERS, INC.



Principal Place of Business

**2128 HARLANS RUN
NAPLES, FL 34105**

Mailing Address

**2128 HARLANS RUN
NAPLES, FL 34105**



02032005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARTIN, LAWRENCE D
3301 TAMiami TRAIL EAST
BUILDING L
NAPLES, FL 34112**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000228557
02/15/05-80002-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARTIN, LAWRENCE D
STREET ADDRESS	3301 TAMiami TRAIL E BLDG. L
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	D
NAME	MARTIN, JANEICE T
STREET ADDRESS	3011 SAND PIPER BAY CIRCLE, C 206
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	D
NAME	MCCAIN, MICHAEL A
STREET ADDRESS	78 SOUTHPORT COVE BAREFOOT BEACH
CITY-ST-ZIP	NAPLES, FL 34134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Lawrence D. Martin *Lawrence D. Martin* *2/14/05* *(239) 724-8747*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #