

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2006 08:00 AM
Secretary of State**

DOCUMENT # N98000004114

1. Entity Name
ANA'S PLACE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**5953 ASHFORD LANE
NAPLES, FL 34110 US**

Mailing Address
**5953 ASHFORD LANE
NAPLES, FL 34110 US**



01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3569468

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DWYER, RICHARD F
5953 ASHFORD LANE
NAPLES, FL 34110**

**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DWYER, RICHARD F
STREET ADDRESS	5953 ASHFORD LANE
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	TD
NAME	GOLDSTEIN, WILLIAM
STREET ADDRESS	5981 ASHFORD LANE
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	SD
NAME	CUNNINGHAM JR, WILLIAM J
STREET ADDRESS	5897 ASHFORD LANE
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000384347
01/17/06-80009-006 61.25

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IN THIS SPACE**

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:

Richard F. Dwyer **RICHARD F. DWYER**

1-9-2006

239-593-1107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #