

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # P01000104041

1. Entity Name
DOWN ISLAND POOLS, INC.



Principal Place of Business
P.O. BOX 111293
NAPLES, FL 34108-0122

Mailing Address
P.O. BOX 111293
NAPLES, FL 34108-0122



04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1151643

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GREENFELD ROBERT,
163 FAIRWAY CR
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------|
| TITLE | PS |
| NAME | GREENFELD, ROBERT |
| STREET ADDRESS | 163 FAIRWAY CIRCLE |
| CITY-ST-ZIP | NAPLES, FL 34110 |
| TITLE | VT |
| NAME | RANS, VICTORIA |
| STREET ADDRESS | 163 FAIRWAY CIRCLE |
| CITY-ST-ZIP | NAPLES, FL 34110 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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05/02/06-80055-007 150.00

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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 607, 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: *Robert M. Greenfeld*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/06 239-598-5060
Date Daytime Phone #