

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90075 041 \*\*\*150.00

**DOCUMENT # P03000091774**

1. Entity Name  
**TOUCHSTONE AT RAPALLO, INC.**



Principal Place of Business  
**8001 VIA RAPALLO  
ESTERO, FL 33928**

Mailing Address  
**8001 VIA RAPALLO  
ESTERO, FL 33928**

2. Principal Place of Business  
**8551 VIA RAPALLO**  
Suite, Apt. #, etc.

3. Mailing Address  
**8551 VIA RAPALLO**  
Suite, Apt. #, etc.



01132006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number  
**20-0186833**

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

**PASSIDOMO, KATHLEEN C ESQ  
2640 GOLDEN GATE PKWY STE 305  
NAPLES, FL 34105**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**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 **P** ☐ Delete  
NAME **WALLACE, JAMES P**  
STREET ADDRESS **8001 VIA RAPALLO**  
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE **VPAS** ☐ Delete  
NAME **DWIER, ED**  
STREET ADDRESS **8001 VIA RAPALLO**  
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE **VPS** ☐ Delete  
NAME **WALLACE, DEBBI**  
STREET ADDRESS **8001 VIA RAPALLO**  
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **8551 VIA RAPALLO**  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **8551 VIA RAPALLO**  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **8551 VIA RAPALLO**  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**ED Dwier VP 1-2006 239 948 2929**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #