

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90412 018 ***150.00

DOCUMENT # P04000093839

1. Entity Name
NAPLES BANCORP, INC.



Principal Place of Business
**4099 TAMiami TRAIL NORTH #100
NAPLES, FL 34103**

Mailing Address
**4099 TAMiami TRAIL NORTH #100
NAPLES, FL 34103**

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2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

03282006 Chg-P CR2E034 (11/05)

4. FEI Number
20-1263541

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CARNEY, ROBERT W
4099 TAMiami TRAIL NORTH
NAPLES, FL 34103**

7. Name and Address of New Registered Agent

Name **Philip L. Nemmi**

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

3321 Arlette Dr.

City **Naples** FL Zip Code **34109**

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 **Philip L. Nemmi SVP & CFO**

3/28/2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☒ Delete
NAME **BARTLETT, SUSANNA E**
STREET ADDRESS **373 THIRD AVE**
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE **D** ☐ Change ☒ Addition
NAME **EUGENE U. PREY**
STREET ADDRESS **4101 GULF SHORE BLVD N. PH2**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **D** ☒ Delete
NAME **VOGAL, RICHARD M**
STREET ADDRESS **3936 TAMiami TRAIL N**
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **D** ☐ Change ☒ Addition
NAME **VOGEL, JAMES D.**
STREET ADDRESS **168 NORTH ST.**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **D** ☐ Delete
NAME **GLSSELBECK, R. PETER**
STREET ADDRESS **2108 LAGUNA WAY**
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE **D** ☐ Change ☒ Addition
NAME **PIERSON M. GRIEVE**
STREET ADDRESS **8477 BAY COLONY #1201**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **DVC** ☒ Delete
NAME **YORK, DONALD J**
STREET ADDRESS **456 GLENMEADOW LANE**
CITY-ST-ZIP **NAPLES, FL 34105**

TITLE **C** ☐ Change ☒ Addition
NAME **ELLIOT S. KAPLAN**
STREET ADDRESS **7575 PELICAN BAY BLVD #1801**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **DP** ☒ Delete
NAME **CARNEY, ROBERTO W**
STREET ADDRESS **1875 VERONA CT**
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE **DP** ☐ Change ☒ Addition
NAME **GUIDIDAS, ROBERT**
STREET ADDRESS **1550 13TH AVE N**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **D** ☐ Delete
NAME **ROILING, WILLIAM S**
STREET ADDRESS **4351 GULF SHORE BLVD N**
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **D** ☐ Change ☒ Addition
NAME **JOHN M. MORRISON**
STREET ADDRESS **3093 FORT CHARLES DR.**
CITY-ST-ZIP **NAPLES FL 34102**

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: **Philip L. Nemmi** **Philip L. Nemmi**

3/28/2006 (239) 430-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

Naples Bancorp, Inc.

P 04000093839

50008683

11. Continued

TITLE D

NAME KENNETH R. MURRAY

ADDRESS 8665 BAY COLONY DR # 403

CITY ST ZIP NAPLES FL 34108

TITLE VS

NAME PHILIP L. NEMMI

ADDRESS 3321 ARLETTE DR.

CITY ST ZIP NAPLES FL 34109

TITLE V

NAME MARK M. MCCABE

ADDRESS 5190 TEAKWOOD DR.

CITY ST ZIP NAPLES FL 34119