## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 22, 2004 8:00 am Secretary of State

| Maring Address Suries, Apt. #, etc.  2. Principal Place of Business Suite, Apt. #, etc.  Suit | 1. Entity Name   | MANOR OF NAPLES, INC               |              |                     |                 |          |          |                                | 01-22-200          | 04 90006 0  | 39 ****6                     | 1.25        |
|--|--|------------------------------------|--------------|---------------------|-----------------|----------|----------|--------------------------------|--------------------|-------------|------------------------------|-------------|
| Suite, Apt. #, etc.  Suite, Apt. #, etc.  O1092004 Chg-NP CR2E037 (10/03)  City & State  City & State  City & State  Country  Country  S. Certificate of Status Desired S8.75 Additional Fee Required  S. Name and Address of Current Registered Agent  Name Spirature and Address of New Registered Agent  Name Spirature and Address of New Registered Agent  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  FL Zip Code 3  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  FL Zip Code 3  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  FL Zip Code 3  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  FL Zip Code 3  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  FL Zip Code 3  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  FL Zip Code 3  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  FL Zip Code 3  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  FL Zip Code 3  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  FL Zip Code 3  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  FL Zip Code 3  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  FL Zip Code 3  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  FL Zip Code 3  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  Strides Address (P.O. Box Number is, Not |  |                                    |              |                     |                 |          |          |                                |                    |             |                              |             |
| Suite, Apt. #, etc.  Suite, Apt. #, etc.  O1092004 Chg-NP CR2E037 (10/03)  City & State  City & State  City & State  Country  Country  S. Certificate of Status Desired S8.75 Additional Fee Required  S. Name and Address of Current Registered Agent  Name Spirature and Address of New Registered Agent  Name Spirature and Address of New Registered Agent  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  FL Zip Code 3  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  FL Zip Code 3  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  FL Zip Code 3  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  FL Zip Code 3  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  FL Zip Code 3  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  FL Zip Code 3  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  FL Zip Code 3  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  FL Zip Code 3  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  FL Zip Code 3  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  FL Zip Code 3  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  FL Zip Code 3  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  FL Zip Code 3  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  Strides Address (P.O. Box Number is, Not Acceptable)  City Note 5  Strides Address (P.O. Box Number is, Not | 2. Principal Place of Business   |                                    |              | 3. Mailing Address  |                 |          |          |                                |                    |             |                              |             |
| City & State  Country  Country  Country  Country  S. Certificate of Status Desired S8.75 Additional Fee Required S8.75 Additional Fee Required Single Addition  For Required  T. Name and Address of New Registered Agent  Namy Single Addition  Single Addition  Single Addition  City Note Country  S. Certificate of Status Desired S8.75 Additional Fee Required  Single Addition  City Note Country  Single Addition  Single  |  |                                    |              |                     |                 |          |          |                                |                    | 0           | ii wiwii wi <b>a</b> ii biwi | STOL MI IND |
| Signature   Sign   | Suite, Apt.  | #, etc.                            | Suite        | Suite, Apt. #, etc. |                 |          |          | 01092004                       | Chg-NP             | CR2E03      | 7 (10/03)                    |             |
| 6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  NATION FOR CONTROL STATE S | City & State   | B                                  | City & State |                     |                 |          |          |                                |                    |             |                              |             |
| City DATE    Signature typed or printed rame of registered agent and title if spiceble.   Section Campaign Financing Trust Fund Contribution.   S.O. May Be Added to Fees   Sol Added to Fees   Sincer Apoles To OFFICERS AND DIRECTORS IN 10  | Zip  | Country                            | Zip          |                     | Cou             | intry    |          | 5. Certificate of              | of Status Desired  |             |                              |             |
| SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.   NOTE: Registered Agent signature required when reinstating)   DATE  |  | 6. Name and Address of Curren      | t Registered | l Agent             | . <del></del> - |          | ·        | 7. Name and                    | Address of New     |             |                              |             |
| Street Address (P.O. Box Number is Not Acceptable)  City Delty  FL Zip Code 3 4/76 3  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 privided name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating)    DATE   | KOGAR B  | ARBARA                             |              |                     |                 | Name     | BER      | 1 E.R                          | ,<br>リタH           |             |                              |             |
| 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. Tam familiar with, and accept the obligations of registered agent.    Signature, typed or printed name of registered agent and title it applicable.   | 6 <b>1</b> 01 <b>\14\t</b> H A <b>\t</b> E.\\$W  |                                    |              |                     |                 |          | ddress ( | P.O. Box Number                |                    |             |                              |             |
| the above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent.    Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)   DATE   | ı  |                                    |              |                     |                 | City     | -01 B    |                                | <del></del>        | Fi          | Zip Cod                      | e 3         |
| SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE   | 8. The above named entity submits this statement for the purpose of changing its registered of |                                    |              |                     |                 |          |          | ed agent, or both              | n, in the State of |             |                              |             |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)    Part   |  |                                    |              |                     |                 |          |          |                                |                    |             |                              |             |
| Trust Fund Contribution.  Added to Fees  Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE DP  |  |                                    |              |                     |                 |          |          |                                |                    |             |                              |             |
| TITLE DP Delete TITLE NAME PRINCE, CLIFFORD NAME STREET ADDRESS CITY-ST-ZIP NAPLES, FL Change Addition PRINCE, CLIFFORD NAME STREET ADDRESS CITY-ST-ZIP NAPLES, FL TITLE DC Change Addition NAME RICCARDELLI, PETER NAME STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-ZIP  TITLE TITLE CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-ZIP  TITLE TITLE CITY-ST-ZIP CHANGE Addition NAME TITCOMB, CARL NAME  | Due by May 1, 2004 Trust Fund Contribu   |                                    |              |                     |                 |          |          | \$5.00 May Be<br>Added to Fees | FI                 |             |                              |             |
| NAME PRINCE, CLIFFORD STREET ADDRESS 203B 8TH AVE S STREET ADDRESS CITY-ST-ZIP NAPLES, FL CITY-ST-ZIP  TITLE D Change Addition NAME RICCARDELLI, PETER STREET ADDRESS CITY-ST-ZIP  TITLE TITLE STREET ADDRESS CITY-ST-ZIP  TITLE CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-ZIP  TITLE TITLE CHANGE ADDRESS CITY-ST-ZIP  TITLE TITLE CHANGE ADDRESS CITY-ST-ZIP  TITLE TITLE CHANGE ADDRESS CITY-ST-ZIP  | 10.  |                                    | IRECTORS     |                     | 11.             |          | ,        | ADDITIONS/CHA                  | NGES TO OFFIC      | CERS AND DI |                              |             |
| STREET ADDRESS CITY-ST-ZIP NAPLES, FL  TITLE D RICCARDELLI, PETER STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME TITLE NAME TITCOMB, CARL   |  |                                    |              | ☐ Delete            |                 |          |          |                                | •                  |             | ☐ Change                     | ☐ Addition  |
| TITLE D Change Addition  NAME RICCARDELLI, PETER  STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102  TITLE CHANGE TITLE NAME  TITCOMB, CARL  TITCOMB, CARL  TITLE NAME  TITCOMB, CARL  TITLE NAME  TITLE NAME  TITLE NAME  TITLE NAME  |  | · ·                                |              |                     |                 |          |          |                                |                    |             |                              | į           |
| NAME RICCARDELLI, PETER NAME  STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 STREET ADDRESS TITLE TD TITLE TITLE TITLE TITLE Addition NAME TITCOMB, CARL NAME   | CITY-ST-ZIP  | NAPLES, FL                         |              |                     | CITY            | -ST-ZIP  |          |                                |                    |             |                              |             |
| STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLCOMB, CARL STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME  |  | =                                  |              | ☐ Delete            |                 |          |          |                                |                    |             | ☐ Change                     | ☐ Addition  |
| TITLE TD Delete - TITLE Change Addition  NAME TITCOMB, CARL NAME   |  |                                    |              |                     |                 |          |          |                                |                    |             |                              |             |
| NAME TITCOMB, CARL NAME  | CITY-ST-ZIP  | NAPLES, FL 34102                   |              |                     | сту             | '-ST-ZIP |          |                                |                    |             |                              | •           |
| <b>.</b>   |  |                                    |              | Delete -            |                 |          | · · ·    | بييا مهندر ند                  | · · ·              | . <u></u>   | ☐ Change                     | _ Addition  |
| Office / Dept 110 1112 D 112   |  | ł                                  |              |                     |                 |          |          |                                |                    |             |                              |             |
| CITY-ST-ZIP NAPLES, FL 34112 CITY-ST-ZIP   |  |                                    |              |                     |                 |          |          |                                |                    |             |                              |             |
| TITLE DS Delete TITLE Change Addition  |  |                                    |              | ☐ Delete            |                 |          |          |                                |                    |             | ☐ Change                     | ☐ Addition  |
|  |  | LEO, JOANNE<br>205-B 8TH AVE SOUTH |              |                     |                 |          |          |                                |                    |             |                              |             |
| CITY-ST-ZIP NAPLES, FL CITY-ST-ZIP   |  |                                    |              |                     |                 |          |          |                                |                    |             |                              |             |
| TITLE VPD  |  | =                                  |              | ☐ Delete            |                 |          |          |                                |                    | •           | ☐ Change                     | ☐ Addition  |
| NAME MAYER, LINDA NAME   |  |                                    |              |                     |                 |          |          |                                |                    |             |                              |             |
| L STORET ANDRESS   215_A ATH AVE SOLITH  | CITY-ST-ZIP  | NAPLES, FL 34102                   |              |                     |                 |          |          |                                |                    |             |                              |             |
| STREET ADDRESS 215-A 8TH AVE SOUTH STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-ZIP   | TITLE  |                                    |              | ☐ Delete            | TITL            | E        |          |                                |                    |             | ☐ Change                     | ☐ Addition  |
| CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-ZIP   | NAME   |                                    |              |                     |                 |          |          |                                |                    |             |                              |             |
| CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-ZIP  TITLÉ NAME  CITY-ST-ZIP  TITLE NAME  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  | STREET ADDRESS<br>CITY-ST-ZIP  |                                    |              |                     |                 | r-ST-ZIP |          |                                |                    |             |                              |             |

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-15-04

<del>239-434-659</del>