


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State

03-28-2005 90049 044 ****61.25

DOCUMENT # 710065
 1. Entity Name
GARDEN MANOR OF NAPLES, INC.



Principal Place of Business
 203-225 8TH AVE. SOUTH
 NAPLES FLA, 34102

Mailing Address
 6101 14TH AVE SW
 NAPLES, FL 34114-4815 US



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

3. Mailing Address
 P.O. Box 110156
 Suite, Apt. #, etc.

01052005 Chg-NP CR2E037 (10/03)

City & State
 Naples, FL

Zip Country
 34108 Country

4. FEI Number
 59-1583708

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 RUSH, ROBERT E
 800 SEAGATE DR #202
 NAPLES, FL 34103

7. Name and Address of New Registered Agent
 Name Professional Community Services - Bill White
 Street Address (P.O. Box Number is Not Acceptable)
 171 Commercial Blvd Suite 20
 City Naples FL Zip Code 34104

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 *William D. White, V.P. Prof. Community Services*
 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, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DP	Delete
	PRINCE, CLIFFORD	203B 8TH AVE S	NAPLES, FL	<input type="checkbox"/>	<input type="checkbox"/>
	RICCARDELLI, PETER	217-A 8TH AVE S	NAPLES, FL 34102	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	TITCOMB, CARL	2281 ROYAL LANE	NAPLES, FL 34112	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	LEO, JOANNE	205-B 8TH AVE SOUTH	NAPLES, FL	<input type="checkbox"/>	<input type="checkbox"/>
	MAYER, LINDA	215-A 8TH AVE SOUTH	NAPLES, FL 34102	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<input type="checkbox"/>	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DP	Change	Addition
	Charles Mayer	215 B 8th Ave S.	Naples FL 34102	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Wm. Sullivan	207A 8th Ave S.	Naples FL 34102	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Louetta Beckman	215 B 8th Ave S.	Naples FL 34102	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Bettina Maghnagi	171 Commercial Blvd Suite 23	Naples, FL 34104	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing 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: *Bettina Maghnagi*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-05 239-352-7619
 Date Daytime Phone #

MAY 02 2005