

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710065

FILED
Apr 26, 2007
Secretary of State

Entity Name: GARDEN MANOR OF NAPLES, INC.

Current Principal Place of Business:

6312 TRAIL BLVD
NAPLES, FL 34108

New Principal Place of Business:

C/O ABILITY MANAGEMENT, INC
6312 TRAIL BLVD
NAPLES, FL 34108

Current Mailing Address:

PO BOX 770278
NAPLES, FL 34107 US

New Mailing Address:

C/O ABILITY MANAGEMENT, INC
PO BOX 770278
NAPLES, FL 34107 US

FEI Number: 59-1583708 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIVELY, DENNIS F
6312 TRAIL BLVD
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PRINCE, CLIFFORD
Address: 203B 8TH AVE S
City-St-Zip: NAPLES, FL

Title: DP () Delete
Name: MAYER, CHARLES
Address: 215 B 8TH AVE S
City-St-Zip: NAPLES, FL 34102

Title: DV () Delete
Name: SULLIVAN, WILLIAM
Address: 207A 8TH AVE S
City-St-Zip: NAPLES, FL 34102

Title: DS () Delete
Name: LEO, JOANNE
Address: 205-B 8TH AVE SOUTH
City-St-Zip: NAPLES, FL

Title: D () Delete
Name: BECKMAN, LOVETTA
Address: 211 B 8TH AVE S
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SULLIVAN, WILLIAM
Address: 207A 8TH AVE S
City-St-Zip: NAPLES, FL 34102

Title: DT (X) Change () Addition
Name: LEO, JOANNE
Address: 205-B 8TH AVE SOUTH
City-St-Zip: NAPLES, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES MAYER

PD

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date