
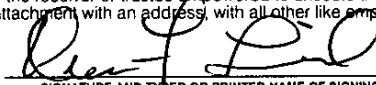


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90040 023 ****61.25

DOCUMENT # 710065					
1. Entity Name GARDEN MANOR OF NAPLES, INC.					
Principal Place of Business C/O ABILITY MANAGEMENT, INC 6312 TRAIL BLVD NAPLES, FL 34108			Mailing Address C/O ABILITY MANAGEMENT, INC PO BOX 770278 NAPLES, FL 34107 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6.- Name and Address of Current Registered Agent				7.- Name and Address of New Registered Agent	
LIVELY, DENNIS F 6312 TRAIL BLVD NAPLES, FL 34108				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINCE, CLIFFORD		NAME		
STREET ADDRESS	203B 8TH AVE S		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYER, CHARLES		NAME		
STREET ADDRESS	215 B 8TH AVE S		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, WILLIAM		NAME		
STREET ADDRESS	207A 8TH AVE S		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEO, JOANNE		NAME		
STREET ADDRESS	205-B 8TH AVE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKMAN, LOVETTA		NAME	BETTE BALLARD	
STREET ADDRESS	211 B 8TH AVE S		STREET ADDRESS	215A 8TH AVE	
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP	NAPLES, FL 34102	
TITLE		<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Linda MAYER	
STREET ADDRESS			STREET ADDRESS	215 B 8TH AVES	
CITY-ST-ZIP			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 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 names.					
SIGNATURE: 		DENNIS LIVELY		04/08/08 239-591-4200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

