

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766367

FILED
Feb 05, 2009
Secretary of State

Entity Name: NAPLES SUNRISE III, INC.

Current Principal Place of Business:

1719 TRADE CENTER WAY, #4
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

PO BOX 8478
NAPLES, FL 341018478

New Mailing Address:

FEI Number: 59-2325526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINKLER, NANCY
1719 TRADE CENTER WAY, #4
NAPLES, FL 34109 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: VD () Delete
Name: SAUBERT, JEANETTE
Address: 164-6 PALM DR
City-St-Zip: NAPLES, FL

Title: PD () Delete
Name: JONES, GAVIN
Address: 168 PALM DR 2
City-St-Zip: NAPLES, FL 34112

Title: SD () Delete
Name: MANN, RALEIGH
Address: 194 PALM DR #3
City-St-Zip: NAPLES, FL 34112

Title: TD () Delete
Name: MACDONALD, WILLIAM
Address: 180 PALM DR., #2
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: LAMB, DORIS
Address: 180 PALM DR., #5
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: SAUBERT, JEANETTE
Address: 164-6 PALM DRIVE
City-St-Zip: NAPLES, FL 34112

Title: PD (X) Change () Addition
Name: JONES, GAVIN
Address: 168 PALM DRIVE # 2
City-St-Zip: NAPLES, FL 34112

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

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

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: GAVIN JONES

PD

02/05/2009

Electronic Signature of Signing Officer or Director

Date