

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N05000004954

Entity Name: OPERA NAPLES, INC.

Current Principal Place of Business:

3281 GOLDEN GATE PKWY W
NAPLES, FL 34120

New Principal Place of Business:

Current Mailing Address:

6017 PINE RIDGE ROAD STE 386
NAPLES, FL 34119

New Mailing Address:

FEI Number: 42-1671038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEARCE-VASQUEZ, STEFFANIE
3281 GOLDAN GATE BLVD W
NAPLES, FL 34120 US

Name and Address of New Registered Agent:

NICK, PAUL C
2400 TAMIAMI TRAIL NORTH #201
NAPLES, FL 34103 US

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: PAUL C. NICK

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PEARCE-VASQUEZ, STEFFANIE
Address: 3281 GOLDEN GATE PARK WAY WEST
City-St-Zip: NAPLES, FL 34120

Title: D () Delete
Name: VASQUES, SAMUEL
Address: 3281 GOLDEN GATE PARKWAY WEST
City-St-Zip: NAPLES, FL 34120

Title: D () Delete
Name: BARBOSA, MARIA
Address: 20528 LAVINO LOOP
City-St-Zip: ESTERO, FL 33928

Title: D () Delete
Name: BURRUS, JANICE
Address: 1071 SOUTH BARFIELD DRIVE
City-St-Zip: MARCO ISLAND, FL 34145

Title: D () Delete
Name: FERRARI, LIVIO
Address: 5770 12TH AVE. SW
City-St-Zip: NAPLES, FL 34116

Title: D () Delete
Name: FULLER, EILEEN
Address: 2046 IMPERIAL CIRCLE
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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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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: PAUL C. NICK

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date