


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90173 029 ****61.25

DOCUMENT # N09613
 1. Entity Name
NAPLES WINTERPARK I, INC.



Principal Place of Business
**3501 ANTARCTIC CIRCLE
 NAPLES, FL 34112**

Mailing Address
**745 12 AVE S. STE AA
 NAPLES, FL 34102**

40010310

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country


3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04242006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2545591

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

Applied For
 Not Applicable



6. Name and Address of Current Registered Agent
**MOORE PROPERTY MGMT.
 12TH AVE S
 NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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 | S | <input type="checkbox"/> Delete |
| NAME | FERGUSON, JIM | |
| STREET ADDRESS | 7414 LAUREN J DR | |
| CITY-ST-ZIP | MENTOR, OH 44060 | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | WALSH, MARLENE | |
| STREET ADDRESS | 3706 NORTHWINDS DR | |
| CITY-ST-ZIP | NAPLES, FL 34112 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | HARTNETT, ROBERT | |
| STREET ADDRESS | 5133 GRAND AVE | |
| CITY-ST-ZIP | WESTERN SPRINGS, IL 60558 | |
| TITLE | GMO | <input checked="" type="checkbox"/> Delete |
| NAME | GREENER, JACK | |
| STREET ADDRESS | 2811 W NEWMAN PKWY | |
| CITY-ST-ZIP | PEORIA, IL 61604 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | BROWN, RAE | |
| STREET ADDRESS | 3637 ARCTIC CIR | |
| CITY-ST-ZIP | NAPLES, FL 34112 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|--|
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Doug Molander | |
| STREET ADDRESS | 1892 Highview Dr E | |
| CITY-ST-ZIP | Sauk Rapids, MN 56379 | |

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 empowered.

SIGNATURE:  **3-28-06** Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR