

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09613

FILED
Apr 23, 2009
Secretary of State

Entity Name: NAPLES WINTERPARK I, INC.

Current Principal Place of Business:

3501 ANTARCTIC CIRCLE
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

745 12 AVE S. STE AA
NAPLES, FL 34102

New Mailing Address:

FEI Number: 59-2545591 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE PROPERTY MGMT
12TH AVE S
NAPLES, FL 34102 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: VP () Delete
Name: FERGUSON, JIM
Address: 7414 LAUREN J DR
City-St-Zip: MENTOR, OH 44060

Title: T () Delete
Name: HARTNETT, ROBERT
Address: 5133 GRAND AVE
City-St-Zip: WESTERN SPRINGS, IL 60558

Title: PD () Delete
Name: BROWN, RAE
Address: 3637 ARCTIC CIR
City-St-Zip: NAPLES, FL 34112

Title: S () Delete
Name: MOILANEN, DOUG
Address: 1892 HIGHVIEW DR E
City-St-Zip: SAUK RAPIDS, MN 56379

Title: D () Delete
Name: WARTSKI, HELEN
Address: 3647 ARCTIC CIRCLE
City-St-Zip: NAPLES, FL 34112

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
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: RAE ANN BROWN

P

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date