


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90111 047 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>			<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N18475</b>			
1. Corporation Name <b>EAGLEWOOD OF NAPLES, INC.</b>			
Principal Place of Business <b>1044 CASTELLO DRIVE #206 NAPLES FL 34103 US</b>		Mailing Address <b>1044 CASTELLO DRIVE #206 NAPLES FL 34103 US</b>	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/29/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		59-2751214	
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9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SOUTHWEST PROPERTY MANAGEMENT 1044 CASTELLO DRIVE #206 NAPLES 34103		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	FACCIO, LILLIAN	1.2 NAME	
STREET ADDRESS	601-10 AUGUSTA BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34113	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	ABBOTT, BRIAN O.	2.2 NAME	
STREET ADDRESS	705-6 AUGUSTA BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34413	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	SHAW, BRENDA	3.2 NAME	
STREET ADDRESS	805-5 AUGUSTA BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34113	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	GIESEY, STAN	4.2 NAME	
STREET ADDRESS	1044 CASTELLO DR., #206	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	TT	5.1 TITLE	
NAME	SUEDBECK, JOHN	5.2 NAME	
STREET ADDRESS	705 AUGUSTA BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	
NAME	MILLER, PAUL	6.2 NAME	
STREET ADDRESS	805-5 AUGUSTA BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	
		Martin, Donald 601 Augusta Blvd. #15 Naples, FL 34113	
		Martin, Chester 605 Augusta Blvd. #10 Naples, FL 34113	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_