FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP 16 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18475

1. Corporation Name
EAGLEWOOD OF NAPLES, INC.

Principal Place of Business	Mailing Address
1044 CASTELLO DRIVE #206 NAPLES FL 34103 US	1044 CASTELLO DRIVE #206 NAPLES FL 34103 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	12/29/1986
Suite Apt # etc 22	Suite, Apt. #, etc 27	4. FEI Number: 59-2751214 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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: R&P Property Management 82 Street Address (P.O. Box Number is Not Acceptable): 365 Airport Road South 83 Naples FL. 34104 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: _____ 7-21-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	11 TITLE	600002992086--5 ☐ Change ☐ Addition
NAME	FACCIO, LILLIAN	12 NAME	-03/21/99--01032--007
STREET ADDRESS	601-10 AUGUSTA BLVD	13 STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP	NAPLES FL 34113	14 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	21 TITLE	DIRECTOR ☑ Change ☐ Addition
NAME	ABBOTT, BRIAN O.	22 NAME	
STREET ADDRESS	705-6 AUGUSTA BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34413	24 CITY-ST-ZIP	
TITLE	~~D~~ ☐ ~~DELETE~~	31 TITLE	V-PRESIDENT ☐ Change ☑ Addition
NAME	~~SHAW, BRENDA~~	32 NAME	OCN MARTIN
STREET ADDRESS	~~805-5 AUGUSTA BLVD.~~	33 STREET ADDRESS	601-15 Augusta Blvd.
CITY-ST-ZIP	~~NAPLES FL 34113~~	34 CITY-ST-ZIP	Naples, Fl. 34113
TITLE	S ☑ DELETE	41 TITLE	SECRETARY ☐ Change ☑ Addition
NAME	~~GIESEY, STAN~~	42 NAME	GLENN CARLOCK mngmt.
STREET ADDRESS	~~1044 CASTELLO DR., #206~~	43 STREET ADDRESS	R&P Property Mngmt.
CITY-ST-ZIP	~~NAPLES FL~~	44 CITY-ST-ZIP	365 Airport Road S.
			Naples, Fl. 34104
TITLE	TT ☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	SUEDBECK, JOHN	52 NAME	
STREET ADDRESS	705 AUGUSTA BLVD.	53 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	54 CITY-ST-ZIP	
TITLE	PD ☑ ~~DELETE~~	61 TITLE	PRESIDENT ☐ Change ☑ Addition
NAME	~~MILLER, PAUL~~	62 NAME	CHESTER TILLY
STREET ADDRESS	~~809-5 AUGUSTA BLVD.~~	63 STREET ADDRESS	605-10 Augusta Blvd.
CITY-ST-ZIP	~~NAPLES FL~~	64 CITY-ST-ZIP	Naples, Fl. 34113

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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: J. Tom Suedbeck Treas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #