

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000046191

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: NAPLES REALTY TEAM, INC.

**Current Principal Place of Business:**

4980 TAMIAMI TRAIL N  
SUITE 200  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

4980 TAMIAMI TRAIL N  
SUITE 200  
NAPLES, FL 34103

**New Mailing Address:**

FEI Number: 58-2669138      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEINWAND, JOHN A  
4980 TAMIAMI TR. N.  
SUITE 200  
NAPLES, FL 34103 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: STEINWAND, JOHN A  
Address: 4980 TAMIAMI TR. N.  
City-St-Zip: NAPLES, FL 34103

Title: T,D (X) Delete  
Name: MAZZOLA, BRUCE  
Address: 4980 TAMIAMI TRAIL N #200  
City-St-Zip: NAPLES, FL 34103 US

Title: S,D ( ) Delete  
Name: MILLER, THERESA  
Address: 4980 TAMIAMI TRAIL N #200  
City-St-Zip: NAPLES, FL 34103 US

**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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN A STEINWAND

DPST

04/23/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date