

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000093839

Entity Name: NAPLES BANCORP, INC.

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

4099 TAMIAMI TRAIL NORTH #100
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

4099 TAMIAMI TRAIL NORTH #100
NAPLES, FL 34103

New Mailing Address:

FEI Number: 20-1263541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUIDIDAS, ROBERT
4099 N TAMIAMI TRAIL
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: D () Delete
Name: PREY, EUGENE U
Address: 4101 GULFSHORE BLVD NORTH PH2
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: VOGEL, JAMES D
Address: 168 NORTH ST
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: GLSSELBECK, R. PETER
Address: 2108 LAGUNA WAY
City-St-Zip: NAPLES, FL 34109

Title: C () Delete
Name: KAPLAN, ELLIOT S
Address: 7575 PELICAN BAY BLVD #1801
City-St-Zip: NAPLES, FL 34108

Title: DP () Delete
Name: GUIDIDAS, ROBERT
Address: 1550 13TH AVE NORTH
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: REILING, WILLIAM S
Address: 4351 GULFSHORE BLVD N
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MOAVENI, KHOSHROW
Address: 3936 TAMIAMI TRAIL NORTH, SUITE E
City-St-Zip: NAPLES, FL 34103

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: CHARLES GISLER

EVP

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date