

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90638 001 ***150.00

FRONT AV

DOCUMENT # P97000052265

1. Entity Name
WORTHINGTON COMMUNITIES OF NAPLES, INC.



Principal Place of Business
**6150 DIAMOND CENTER COURT#1300
FORT MYERS FL 33912**

Mailing Address
**6150 DIAMOND CENTER COURT#1300
FORT MYERS FL 33912**



2. Principal Place of Business
**9240 Marketplace Rd
Suite 2
Ft Myers FL**

3. Mailing Address
**9240 Marketplace Rd
Suite 2
Ft Myers FL**

City & State
FL

Country
USA

Zip
33912

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GARGANO, ANTHONY J
2075 W. 1ST ST.
SUITE 203
FT MYERS FL 33901**

4. FEI Number **65-0762113**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DARRAGH, JEFF 6150 DIAMOND CENTER COURT#1300 FORT MYERS FL 33912 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILSON, LARRY E 6150 DIAMOND CENTER COURT#1300 FORT MYERS FL 33912 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GNAGEY, JOHN 6150 DIAMOND CENTER COURT#1300 FORT MYERS FL 33912 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARL, DEBORAH L 6150 DIAMOND CENTER COURT#1300 FORT MYERS FL 33912 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LIEBERT, GLENN W 6150 DIAMOND CENTER COURT#1300 FORT MYERS FL 33912 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9240 Marketplace Rd, Ste 2 Ft Myers FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Same as above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Same as above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Same as above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Same as above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ **John Gnagey** 4/14/03 **239-561-4666**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)