

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716258

**Entity Name:** NAPLES TOWERS, INC.**Current Principal Place of Business:**214 BANYAN BLVD  
NAPLES, FL 34102**Current Mailing Address:**C/O MELDON CONSULTANTS  
4949 TAMAIMI TRAIL N., #201  
NAPLES, FL 34103-3017 US**FEI Number:** 59-1305041**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOORE, WILLIAM S  
MELDON CONSULTANTS  
4949 TAMAIMI TRAIL N., #201  
NAPLES, FL 34103-3017 US*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

**Officer/Director Detail :**

Title SECRETARY, DIRECTOR  
Name HOY, CARLETON  
Address 242 BANYAN BLVD.  
City-State-Zip: NAPLES FL 34102-5173

Title VP, DIRECTOR  
Name REARDON, JOHN J  
Address 232 BANYAN BLVD.  
City-State-Zip: NAPLES FL 34102-5173

Title PRESIDENT, DIRECTOR  
Name GRAZIANO, JOSEPH  
Address 248 BANYAN BLVD.  
City-State-Zip: NAPLES FL 34102-5173

Title VP, DIRECTOR  
Name GENTILE, KATHY  
Address 220 BANYAN BLVD.  
City-State-Zip: NAPLES FL 34102-5172

Title TREASURER, DIRECTOR  
Name DENNIS, RUSSELL  
Address 216 BANYAN BLVD.  
City-State-Zip: NAPLES FL 34102-5172

Title VP, DIRECTOR  
Name GENTILE, KATHY  
Address 220 BANYAN BLVD.  
City-State-Zip: NAPLES FL 34102-5172

Title TREASURER, DIRECTOR  
Name DENNIS, RUSSELL  
Address 216 BANYAN BLVD.  
City-State-Zip: NAPLES FL 34102-5172

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSEPH GRAZIANO

PRESIDENT

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date