

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

DOCUMENT# N04000003474

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC2035427287**

**Entity Name:** BETH TIKVAH OF NAPLES, INC.

**Current Principal Place of Business:**

1459 PINE RIDGE ROAD  
NAPLES, FL 34109

**Current Mailing Address:**

1459 PINE RIDGE ROAD  
NAPLES, FL 34109

**FEI Number:** 06-1822336

**Certificate of Status Desired:** No

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

ROSENTHAL, HARVEY ATREASUR  
7585 MEADOWLAKES DR.  
#3  
NAPLES, FL 34104 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 V  
Name SIVAKOFF, DAVID  
Address 726 GRAND RAPIDS BLVD  
City-State-Zip: NAPLES FL 34120

Title V  
Name JASON, PHILIP  
Address 12823 VALEWOOD DR  
City-State-Zip: NAPLES FL 34119

Title P  
Name KAYE, STUART  
Address 1556 SERENITY CIRCLE  
City-State-Zip: NAPLES FL 34110

Title M  
Name KRIVOSHA, NORMAN  
Address 8008 KILKENNY WAY  
City-State-Zip: NAPLES FL 34112

Title S  
Name SCHEINBERG, LINDA  
Address 4261 MONTALVO COURT  
City-State-Zip: NAPLES FL 34109

Title T  
Name ROSENTHAL, HARVEY A  
Address 7585 MEADOW LAKES DR #3  
City-State-Zip: NAPLES FL 34105

*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:** HARVEY A. ROSENTHAL

**TREASURER**

**01/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date