

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000004954

**Entity Name:** OPERA NAPLES, INC.

**Current Principal Place of Business:**

2408 LINWOOD AVENUE  
NAPLES, FL 34112

**Current Mailing Address:**

2408 LINWOOD AVENUE  
NAPLES, FL 34112

**FEI Number:** 42-1671038

**Certificate of Status Desired:** No

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

OPERA NAPLES, INC.  
2408 LINWOOD AVE  
NAPLES, FL 34112 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:** SIGNE GREEN

02/18/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TRUSTEE  
Name GOLDBERG, GERALD  
Address 2408 LINWOOD AVENUE  
City-State-Zip: NAPLES FL 34112

Title TRUSTEE  
Name BURRUS, JANICE  
Address 2408 LINWOOD AVENUE  
City-State-Zip: NAPLES FL 34112

Title DIRECTOR  
Name FENNESSEY, MOIRA  
Address 2408 LINWOOD AVENUE  
City-State-Zip: NAPLES FL 34112

Title SECRETARY  
Name KEHOE, LINDA  
Address 2408 LINWOOD AVENUE  
City-State-Zip: NAPLES FL 34112

Title DIRECTOR  
Name FERRARI, LIVIO  
Address 2408 LINWOOD AVENUE  
City-State-Zip: NAPLES FL 34112

Title CHAIRMAN  
Name OST, LAWRENCE  
Address 2408 LINWOOD AVENUE  
City-State-Zip: NAPLES FL 34112

Title TRUSTEE  
Name NEEDHAM, WENDY  
Address 2408 LINWOOD AVENUE  
City-State-Zip: NAPLES FL 34112

Title TRUSTEE  
Name GLEASON, SALLY  
Address 2408 LINWOOD AVENUE  
City-State-Zip: NAPLES FL 34112

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*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:** SONDR A QUINN

**EXECUTIVE DIRECTOR**

02/18/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VC, TREASURER  
Name JOHN, PEPE  
Address 2408 LINWOOD AVENUE  
City-State-Zip: NAPLES FL 34112

Title DIRECTOR  
Name DORN , BRIAN  
Address 2408 LINWOOD AVENUE  
City-State-Zip: NAPLES FL 34112

Title DIRECTOR  
Name MULLIN SCOTT , SUSAN  
Address 2408 LINWOOD AVENUE  
City-State-Zip: NAPLES FL 34112

Title DIRECTOR  
Name BIERNACKI , DR. KRZSZTOF  
Address 2408 LINWOOD AVENUE  
City-State-Zip: NAPLES FL 34112

Title DIRECTOR  
Name MORAN , PATRICK  
Address 2408 LINWOOD AVENUE  
City-State-Zip: NAPLES FL 34112

Title EXECUTIVE DIRECTOR  
Name QUINN, SONDR  
Address 2408 LINWOOD AVENUE  
City-State-Zip: NAPLES FL 34112