## 2024 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: Yes

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 04/16/2024

Electronic Signature of Registered Agent

Date

FILED Apr 16, 2024

**Secretary of State** 

2309461762CC

Officer/Director Detail:

Title TRUSTEE Title TRUSTEE

Name GOLDBERG, GERALD Name BURRUS, JANICE

Address 2408 LINWOOD AVENUE Address 2408 LINWOOD AVENUE

City-State-Zip: NAPLES FL 34112 City-State-Zip: NAPLES FL 34112

Title DIRECTOR Title SECRETARY

Name FENNESSEY, MOIRA Name KEHOE, LINDA

Address 2408 LINWOOD AVENUE Address 2408 LINWOOD AVENUE

City-State-Zip: NAPLES FL 34112 City-State-Zip: NAPLES FL 34112

Title DIRECTOR Title CHAIRMAN

Name FERRARI, LIVIO Name OST, LAWRENCE

Address 2408 LINWOOD AVENUE Address 2408 LINWOOD AVENUE

City-State-Zip: NAPLES FL 34112 City-State-Zip: NAPLES FL 34112

Title TRUSTEE Title VC, TREASURER

Name GLEASON, SALLY Name JOHN, PEPE

Address 2408 LINWOOD AVENUE Address 2408 LINWOOD AVENUE

City-State-Zip: NAPLES FL 34112 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: TRICIA BARRETT FINANCE 04/16/2024

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

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 ADMINISTRATIVE DIRECTOR

Name KYLE, KENT

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