

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001998

Entity Name: COMMUNITY SCHOOL OF NAPLES, INC.**Current Principal Place of Business:**13275 LIVINGSTON ROAD
NAPLES, FL 34109**Current Mailing Address:**13275 LIVINGSTON ROAD
NAPLES, FL 34109**FEI Number:** 59-1920297**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLEMAN, KEVIN
C/O COLEMAN YOVANOVICH KOESTER, P.A.
4001 TAMiami TRAIL NORTH, SUITE 300
NAPLES, FL 34103 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:** KEVIN COLEMAN

04/19/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name ALLEN, JOHN N
Address 13275 LIVINGSTON ROAD
City-State-Zip: NAPLES FL 34109

Title VP
Name SCHMELZLE, JULIE A
Address 13275 LIVINGSTON RD
City-State-Zip: NAPLES FL 34109

Title TREASURER, VP
Name OTT, CHAD N
Address 13275 LIVINGSTON RD
City-State-Zip: NAPLES FL 34109

Title SECRETARY, DIRECTOR
Name FERRANTE, DOMENIC J
Address 13275 LIVINGSTON RD
City-State-Zip: NAPLES FL 34109

Title CFO
Name SELVIDIO, PAUL J
Address 13275 LIVINGSTON ROAD
City-State-Zip: NAPLES FL 34109

Title CEO
Name WATSON, DAVID J
Address 13275 LIVINGSTON ROAD
City-State-Zip: NAPLES FL 34109

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: PAUL J. SELVIDIO

CFO

04/19/2016

Electronic Signature of Signing Officer/Director Detail

Date